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The Proprietors of 'The Institute' desiring to commence the new year with the first number of a new volume, have considered it advisable to close the First Volume with the number issued on the 28th day of December last, and have published in the present number, a brief Index to accompany it. In taking a survey of the contents of this volume it will be found in no wise inferior to contemporary Journals, while its plan and general character are admitted to be, in many respects superior. Among the original communications there are many most interesting papers and cases, and without disparagement of any, we particularly refer to the contributions by G. J. Squibb, Esq., on Medical Archæology; Leaves from the Diary of a Parish Doctor, by Theophilus Probe, Esq.; Dr. Gardner on certain Disorders of the Liver; Cases in General Practice, by George Webster, Esq.; Dr. Powell and Dr. Patrick Brown on the English Spas; some remarkable cases of Acephalous Monsters; cases of Fracture of the Cranium, by Dr. Bedingfield; and several most interesting cases by Robert Dunn, Esq., Dr. Jones; Henry Ancell, Esq.; John Greening, Esq.; Peter Hood, Esq; William Collins, Esq.; Thomas Warner, Esq; Dr. D'Alquen; Peter J. Martin, Esq.; J. Burling, Esq.; R. Craven, Esq.; T. H. Smith, Esq.; and James Stedman, Esq; besides some very important anonymous contributions. The Lectures on the German Mineral Waters, by that eminent physician, Dr. Sutro, which are still in course of publication, are superior to everything that has yet appeared on that subject, in the English language, and, while forming a complete Hand-book to the German Spas, will tend, in no small degree, to rescue this valuable therapeutic agent from the hands of hydropathic quacks. That portion of the journal entitled 'Philosophical Gazette,' is conducted by a talented physician and distinguished chemist, and at once furnishes a summary of all recent discoveries of practical interest that have appeared in the continental journals, and the scientific literature of America and Great Britain. The 'Compendium of Medical Science' is another very important department of the Journal, especially to gentlemen in General Practice. Under this head, during the short period that 'The Institute' has been before the medical public, we have given no fewer than one hundred interesting cases extracted from the standard publications of almost every country in Europe, and the United States; thus bringing home to the very door of the practical man the latest discoveries and the most approved practice in the several departments of Medicine, Surgery, and Midwifery. Many additions and improvements will be made in the Journal as it advances, and no expense will be spared to render it still more acceptable to our subscribers. The Meteorological Observations that we are about to publish weekly, under the kind and able direction of James R. Glaisher, F.R.S., and of the Royal Observatory, Greenwich, will, in connexion with our reports of the Epidemiological Society, form a very important topic, and one which, if we mistake not, will be watched with intense anxiety by all interested in the subject of contagion and the effects of atmospheric changes upon disease generally.

Lastly, we may be allowed to say a few words upon the spirit which animates our Leading Articles. Our principles have been so frequently submitted to our readers that any lengthened repetition in this place would be both tedious and superfluous. Fortunately one word represents them, and that word is Reform—Educational Reform, Ethical Reform, Remunerative Reform, Protective Reform, Legislative Reform. The doors of every civil and ecclesiastical establishment in the land are assailed with the overwhelming cry. Vain is the boast of high sounding titles. Weary of hypocrisy and dumb show, the world is making a vigorous effort to arrive at principles which are based on truth. The age of shams is passing away, and every institution that will neither reform itself from within nor suffer the removal of the dust and cobwebs which self complacency and apathy have allowed to accumulate, must of necessity be swept away, or serve only the purpose of a scaffolding to a mightier and more majestic fabric.

In seeking the reform of abuses under which the Medical Profession has so long groaned, 'The Institute' engages firmly and persistently to perform its part, and, in the fulfilment of this great work, claims the co-operation of all true-hearted men.

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Communications and advertisements to be addressed to "The Editors, East Temple Chambers, Whitefriars Street, Fleet Street, London."

ADDRESS.

The advertisement which appears on the first page of this Journal, explains, so far as its limits will admit, the principles and objects for which it has been established. Similar principles have long since been adopted throughout the whole of the principal States on the Continent of Europe, and they are in full operation in the United States of America. These principles are comprised in their entirety in the one comprehensive principle—the Scientific, Educational, and Practical Unity of Medical Science in all its branches. We entertain no doubt whatever, that, at no distant period, the medical institutions of this enlightened country will be remodelled and reconstructed upon a similar basis, and thus be rendered more in conformity with the acknowledged requirements of modern times. It is not, however, our intention at present to enter more minutely on the practical application and bearing of these principles, or to dilate on the vexatious and anomalous state of the laws affecting the medical profession in this country as they at present exist, or to animadvert upon the parties to whom their administration has been entrusted: other opportunities will continually present themselves, when all the hindrances to the more extensive development of medical science, and the higher appreciation of the medical profession, will receive the consideration due to a subject of such vital public importance. To obtain representative government, and corporate rights and privileges for the overwhelming majority of the profession engaged in general practice, many difficulties will have to be encountered, and much time, talent, and exertion, will have to be expended in the accomplishment. The prejudices, privileges, and conventionalities that have engrafted themselves upon the modern as well as the ancient medical institutions of this country, must be pruned away. The sophistry and special pleading used in defending them must be dissipated by sound arguments and logical deductions; the portals to learning and science must be freed from the grim *cerberi* who scare away the aspiring candidate for their honours and rewards; and scientific medical knowledge, in its most comprehensive sense, must be made attainable by all who have the industry and ability to acquire it.

Fully appreciating the great services rendered to the cause of Medical Reform by the other Journals, the absence of any defined principle or decided policy has tended to delay the settlement of this important question for many years. It will be our duty, as journalists, to devote our best ability and untiring exertions to the prosecution of these objects—and, *Deo volente*, we have a strong presentiment that our efforts will prove successful. It would ill become us to make a long string of promises—we must pause for judgment until sufficient time has elapsed for our trial; the matter we from time to time lay before the profession, we shall put in as evidence, and upon its quality we shall depend for a verdict in our favour. So much, then, for ourselves. Now, a word or two to those whom we hope we may reckon upon as constant readers—the General Practitioners in Medicine, Surgery, and Midwifery of this United Kingdom. Gentlemen, there is a certain breadth and comprehensiveness of character required in those men, to whose almost exclusive care the lives of the majority of the people of this realm are necessarily entrusted, which it would well become you to endeavour, by a little discipline and mental effort, to acquire, if you are not already conscious of possessing it. You occupy a prominent position in society, and you perform very onerous and important duties amongst this large community; the scrutinizing gaze of your fellow-men is more frequently directed towards you than to any other class; and it depends entirely on yourselves whether each of you, in your respective localities, should not be more respected and looked up to than any other public functionary. With very few exceptions, the greatest possible amount of trust and confidence is reposed in you—have you deserved this confidence?—do you at this moment deserve it? To a very considerable extent, we most conscientiously and honestly believe that you do. But you are not immaculate; you have much to learn, and what is equally important, you have much more to practise. Individually, you are honourable, useful, hard-working men; collectively, you are apathetic, careless, and too personally intent upon what transpires within the narrow limits of your immediate spheres, to be of much weight, consideration, or importance. And what does this principally arise from? Mainly, we have no hesitation in affirming, from the absence of any *esprit de corps*, and from your neglecting to cultivate to anything like the extent you ought to do, the literary character and reputation of the medical profession. You must recollect that the General Practitioner has become a totally different person from what he was thirty years ago; and that it behoves him to show, by publishing more of his vast and extensive experience, how far he is worthy of that confidence of the public which he is entitled to enjoy. Our observations on this point, however, apply to you more as individuals, and more particularly to the junior members of our noble profession. We cannot more appropriately conclude these remarks, than by a quotation from the writings of a talented and amiable surgeon in general practice, not long since deceased—the late William Maclure, Esq., of Harley-street:—

"I am perfectly aware that not a few of my professional brethren, of the order to which I have attached myself, might, if they pleased, produce and exhibit a more imposing array of medical and surgical histories than I have done; but it was partly my purpose in this publication, to stimulate by the spirit, if not by the merit of my example, such of them as may be able to do better, to do so.

"Under whatever forms the three groups of the profession, after the present effervescence shall have ceased, may settle down and become permanent bodies in the state, it will be incumbent on the General Practitioner to attend more to the literature and science of his profession than he has hitherto done: for it may safely be asserted, that his future dignity, in the eyes of the public, will depend more on such exertions than on the position in which he may be ultimately placed, in relation to others, by the laws of the land. Doubtless, many skilful General Practitioners have flourished before the foundation of their Royal College (a necessary event, I think, sooner or later); but all or most of them, unlamented and unknown, have sunk into oblivion, because they published little or nothing of their vast experience for the good of the public, and for the improvement of their arts. Now, however, that they are likely to become fellows of a distinct corporation of their own, and to spring into existence, as the rivals for fame and public favor, of the ancient colleges of the empire, they must be more careful and exact than hitherto, to record, with truth and clearness, their multitudinous experience; to affect the honours, as well as the emoluments, of their profession; to be heard of in the schools, as well as the sick rooms; and to enlarge the boundaries and enrich the archives of the healing art. They must be up and doing, remembering, both as individuals and as a collegiate body, that merit, not actively brought into prominent notice, for the benefit of human kind, differs but little from inglorious sloth."

"Paulùm sepultæ distat inertiæ
Celata virtus."

LECTURES.

"ABSURDITY" AND "BARBARITY" OF THE DISTINCTION BETWEEN MEDICINE AND SURGERY.

By WILLIAM LAWRENCE, Esq., F.R.S.

Member of the Council of the Royal College of Surgeons of England.

Being Excerpta from an introductory Lecture delivered by Mr. Lawrence, at the Medical Theatre, Aldersgate Street, October 7th, 1826.

Surgery is one division of that science and art which relates to disease. This science, considered generally, embraces the physical history of man; it investigates the human organization under all the various modifications impressed on it by surrounding influences, whether necessary or accidental, and draws from this source the rules for preserving health and removing disease. The practical application of these rules constitute the *art* of healing, or rather of treating disease, whilst the assemblage of facts and reasonings on which the rules are founded, composes the *science* of medicine. Independently of its useful results, in reference to health and disease, medicine would be one of the most interesting studies, as man himself is the subject of it; and hence occupies the first rank among the natural sciences, being at the head of those which relate to the animal kingdom.

To denote the entire mass of knowledge just described, we must be contented to use the word Medicine, although it is equivocal, being frequently employed in contradistinction to Surgery. You will probably think the distinction rather indefinite, and wish to know the grounds on which it has been established—the inherent essential differences between surgery and physic, which require that they should be exercised by different persons, and taught by distinct teachers in separate courses of instruction. You will inquire what strongly-marked difference, or rather what natural incompatibility between these two branches of one science, can have rendered it necessary that there should be two public bodies to watch over them,—a College of Physicians and a College of Surgeons. I consider the distinction altogether artificial; it originated in a period of barbarism and ignorance; it has been upheld by blind deference to authority and established usage; and although the same causes, together with the real or supposed interests of certain established bodies, may protract its existence a little longer, it has received a fatal blow from the recent progress of medical knowledge, and the clear light which that has thrown on the subject. The numerous individual organs which make up the human body, vary in composition, structure, and office; yet they are intimately connected as subordinate parts of one machine, and they concur in the production of one general result—the life of the individual. Our notion of any part would be very limited and imperfect if we examined it in an insulated state; and we should be entirely unable to estimate its living action, unless we viewed it in its relation to the rest of the organisation. In the connected series of motions which are constantly carried on in the animal body, each function, in relation to those which precede and follow it, is successively cause and effect: and the various parts exert other mutual influences, which we know only by their effects, and denominate sympathies. Hence the expression of Hippocrates, in relation to the human body, is perfectly correct:—"Labor unus; consentientia omnia." "One exertion; all parts concurring."

As the animal machine, although complicated in structure, is single; and, as its living actions, although numerous and intricate, form one indivisible series; so a similar connexion runs through those changes of structure and functions, which constitute disease: hence there is one anatomy and physiology, and there can only be one pathology. The connexions and mutual influences are, indeed, more obvious in disease than in health; the play of the machinery escapes notice in the silent and imperceptible motion of the perfect state.

It must be the first business of the medical student to learn the structure of the human body, and its living actions; that is, to study man in the state of health. He then proceeds to the observation of diseases; he watches the circumstances under which they arise; he explores the organic changes which they produce, and determines the external signs or symptoms of these changes; deriving from these comparisons the means of distinguishing the exact seat of disease, and of predicting its course and event. He is then prepared to employ the external agencies, the outward or inward remedies, or the operative proceedings which may be necessary for removing disease and restoring health. When disease is studied in this manner, in reference to the whole body, it constitutes the science of general pathology; as a similar investigation directed to any single organ, is the pathology of that part.

To assert that surgery and physic are essentially distinct, is to say that there are two kinds of pathology; that the external and internal parts are to be treated on different principles. You will immediately see that this notion is entirely unfounded: that the position of a part in the body may cause variations in the mode, but cannot alter the principles of treatment; that inflammation, for example, must be treated by the same means, whether it be seated in a joint, testicle, or eye—in the heart, lungs, liver, or bowels.

The principles of pathology are general; they are the same for all parts of the medical art; they are the result of our knowledge of all disease, and, consequently, common to the physician and surgeon. No branch of medicine can be thoroughly understood, except by him who has carefully scrutinized the structure and actions of the whole frame; and then extended his view over the whole field of medical science. Thus the opinion of Celsus, on a more limited question, is applicable to medicine generally:—Atque abi se diviserunt, cum laudo, qui quamplurinum precipit. "Since these divisions have been established, I commend him who embraces the greatest number of parts."

Various views have been taken of the distinction between physic and surgery; but none of them will bear examination. Internal diseases have been assigned to the former, external to the latter. But who will describe the boundary? Is the domain of surgery to extend half an inch or an inch deep? Are the diseases of the nose, mouth, fauces, larynx and pharynx, external or internal? Are the bones and joints external parts? The swelling of a hernia is indeed external; but we must expose the belly and its contents, if we come to the operation, and the great risk, both in the disease and the measures employed to relieve it, is of internal inflammation. When we look at the nature and causes of disease, the absurdity of this distinction is still more apparent, and the inseparable connexion between the exterior and interior of our frame more obvious. In gout, rheumatism, erysipelas, and carbuncle, we have external inflammations dependent almost entirely on internal causes. Again, external agencies are equally powerful in producing inward disease; as we see in the rheumatic and catarrhal affections, the inflammations of the chest and abdomen, brought on by cold, by moisture, by particular states of the atmosphere, by changes of clothing. It is in vain, then, to establish separate professorships of internal and external pathology, to institute distinct colleges of physic and surgery, and to teach them as separate sciences. Lecturers and writers cannot make the distinction, and thus we find the same diseases considered by the teachers of physic and surgery, comprehended in the writings of both; illustrated by both on the same principles, and treated by the same means.

Some have proposed to assign local diseases to the surgeon, and general ones to the physician. This arrangement would bring the whole nosology into the department of surgery. The difference between local and general diseases is merely in degree, not in kind; it is a difference of more or less. If we were to arrange diseases in one column, beginning with the most local, and ending with the most general, we should fill up the interval with others that would form an insensible transition between the two extremes. Where could we draw the line across, to divide surgery and physic, on a scale thus constructed?

The etymological import of the term Surgery, which is, manual operation, has led some to restrict us to the diseases which are to be treated by operation or other manual proceedings. Such a notion is worthy of the ignorance to which the unnatural separation of surgery and physic owes its origin, and of the dark period in which it occurred. Could such an attempt have entered into any mind even moderately enlightened by the recent progress of science? Could any person who had paid even slight attention to the structure and diseases of our frame, have entertained the absurd notion of establishing an important professional distinction, not on any difference in the causes and nature of the affections, but on the accidental and often varying circumstance of the means employed for their cure? Apoplexy, and various other cerebral affections, and the numerous inflammations, both of internal and external organs, are treated by bleeding; are they, therefore, to be deemed surgical? Shall we include in one list, all that are treated by cupping, leeches, blisters, plasters, liniments, poultices, fomentations, and washes? And what shall we do with the cases requiring both external and internal means?

Whatever view of the subject we may take, the same conclusion presents itself to the mind with irresistible evidence; namely, that there is no natural distinction between surgery and physic; that they are merely parts, and inseparably united parts of one science and art; that the practical principles rest, in both, on the same scientific foundation; that the two branches of the profession must, in most instances, adopt the same proceedings, because they have the same purposes to accomplish, while their occasional differences

are merely unimportant modifications in the means of arriving at the same end. The distinction, then, turns out at last, to be a matter of usage, and no longer maintainable, except by those who content themselves with the mere surface of things, or by others, who may be determined to find reasons for upholding established custom, whether right or wrong, when their own interests are involved.

In failure of better arguments, the analogy of the mechanic arts has been resorted to, and the beneficial effects of the subdivision of labour have been absurdly pressed into the service. The cases are not parallel. The construction of a pin can be divided into eight or ten processes, each of which, being totally independent of the rest, can be more rapidly and perfectly executed by an individual who practises *it* alone. Hence the end is accomplished of producing pins both better in quality, and more abundantly. Can the mind conceive a stronger contrast than that which is exhibited between a mechanic, whose education consists in learning, and whose life is spent in practising the art of making the point or adjusting the head of a pin, and a medical practitioner, who must first store his mind with several important branches of knowledge, and then apply the principles thus acquired, to the ever-varying circumstanees of individual cases?

Medicine itself, or the science of disease in general, is one and indivisible; it can only be successfully cultivated as a whole. The disease of any particular organ can only be elucidated and successfully treated by those pathological principles which are deduced from a survey of the whole field of medical science. Hence exclusive practice on diseases of the eye, the ear, the skin, or other parts, however profitable to individuals, has never been beneficial to science.

Unfortunately for us, these artificial distinctions are not only countenanced, but carefully upheld by those public bodies, to which royal charters, or legislative enactments have confided the regulation and superintendence of the medical profession.

The London College of Physicians, instituted by a monarch more famous for lust, violence, and cruelty than for medical knowledge, possesses great and extensive powers, which have been often used as instruments of monopoly against well-qualified persons, though they either are inadequate to protect the public against the rapacity and ignorance of empirical impostors, or have not been employed for that purpose. The enlightened members of this corporation have had the good sense to yield to the spirit of the times, and for many years have ceased to enforce those prohibitive and restrictive powers, the exercise of which to their full extent would be impossible in the present state of public opinion. After witnessing, with satisfaction, this proof of moderation and judgment, how must we be astonished at finding that this college will admit no one as a fellow or licentiate, who is a member of any public surgical body! The stain of surgical knowledge must be wiped out, as far as it can be, by a formal act of disfranchisement, before an individual who has been thus once polluted can be admitted into this chosen band of pure physicians. When surgeons and barbers formed a legal and professional brotherhood, as they did in this country until the reign of George the Second, the physicians, being men of superior education, acquirements, and rank, showed only a proper self-respect in declining all intercourse with them. The public will probably doubt whether the same conduct is wise and dignified, or even politic, when all the circumstances are completely changed; they will question the real grounds of superiority, when they see so strange an attempt at supporting it; when they witness, what I believe has no parallel, a learned body placing an exclusion on knowledge, and thus bestowing a direct premium on ignorance! But in what light can we regard such a regulation, when we know that nearly the whole of the clear evidence on which medical science rests, is derived from the practice of surgery?

The London College of Surgeons being only twenty-six years old, and having indeed been partially regenerated four years ago, has none of the claims to respect from its antiquity, which its elder sister might plead; and, fortunately for us, is entirely destitute of power, the legislature having rejected, with deserved contempt, its various applications for enlarged authority and penal restrictions. In opposition to the spirit of the age, and regardless of the signs of the times, they lately enacted, in their own favour, a code of restriction and exclusion, which they have just abandoned in part, and with a bad grace, at the loud and unanimous call of public indignation. I trust they will be compelled to give up the rest of their unjust regulations. They may thus regain what they have now completely lost—the respect and confidence of the body over which they preside, and of the public; and they may then hope, by adopting an entirely new course, to make the college worthy of that profession of which it is the nominal head.

The great progress which surgery has made here in the last quarter of a century, is clearly due to individual exertion, and to the patronage which a more enlightened public has bestowed on those who have become distinguished by talent and knowledge. The public bodies, instead of leading the march, have been always found in the rear of advancing knowledge. They might have attempted to lessen the evils of quackery, to protect the public against the knavery and ignorance of unprincipled men; but they have only been struggling to maintain their own privileges, to exclude and depress competitors, to fortify their own monopoly, and thus secure their own trading advantages. Can we wonder that such proceedings are viewed by the public with contempt, and that they tend to degrade an honourable profession?

If I were to propose a legislative enactment on the subject of the medical profession, it should be short, and confined to the single point of preventing uneducated and unqualified persons from practising. I would appoint an examining body, to be composed of the most eminent professional characters, without any regard to the present artificial distinctions, and empower them to make an efficient examination of all candidates: the testimonial granted after such an examination, should authorize the individual to practise any or all parts of medicine, and none should be allowed to practise without it.

This plan, which is recommended by its simplicity, has been already adopted, with the best success, in other countries. There is one school or faculty of medicine, one education, and one examination in France; after undergoing the latter, the individual may practise surgery, or physic, or both. It is the same in the United States of America; and, I believe, nearly so in the universities of Germany. In some of the latter, surgeons are not only required to perform the same course of study as physicians, but to include, in addition, certain branches of knowlege relating to the duties that are deemed strictly surgical.

Your study of disease both in nature and in books, should embrace the whole range of the subject. To all who are to act as general practitioners, this is obviously necessary; they will hardly meet with two or three cases in a hundred, requiring a treatment strictly surgical. I have shown you that surgery and physic cannot be separated in the study, although they have been forcibly disguised in the practice of medicine: they touch each other at all points. If the pure surgeon is to rank higher in public estimation than the general practitioner, will he rest his claim to this superior dignity on the circumstance of professing a lower amount of knowledge? The manual part of surgery is far less important than the medical. If we are to be confined to operations, plastering, bandaging, and the other mechanical parts of the profession, let us cease to trouble ourselves with minute researches into organization with the study of physiology and pathology, we shall then be fitted to resume what we have not so very long abandoned, our fraternity with the barbers. When a patient with a compound fracture becomes feverish, when a wound of the abdomen or chest causes inflammation of those cavities, when a blow on the head excites inflammation of the brain or its membranes, when erysipelas supervenes on a local injury or disease, the surgeon who is ignorant of medicine cannot treat those cases; for the medical means are everything, and the merely local treatment of little importance. The physician expressly abandons all consideration of the local origin, and carefully proclaims his ignorance of it; shall the surgeon follow his example, and pride himself on being ignorant of the general effects of the mischief? On this plan, every patient must have two medical attendants—a surgeon, and a physician. This arrangement, arising out of the ignorance of both, which renders each less fitted to perform properly the duties that he professes to understand, would, therefore, be as injurious to the person, as to the purse of the patient; and, in my opinion, by no means honourable to the profession.

Although I maintain the unity of medicine as an object of study, and am convinced that no part of it can be thoroughly understood and successfully practised without the aid of those principles which are deduced from a comprehensive survey of the whole, I do not assert the opinion that each member of the profession should practise all parts. The ample field of medicine will occupy numerous cultivators, and its several parts afford scope for selection, according to various tastes. I contend, however, that the practitioners of each department should be able to do all that may be necessary for their patients, or, at least, that surgeons ought to be competent to the entire management of surgical cases, without the assistance of any other practitioners. The advantage of the patient, and the respectability of the surgical profession, equally demand this.

The history of surgery need not detain us long. Except as matter of curiosity, there is nothing worthy of attention before the beginning of the last century; and we could advantageously spare

all the previous writings. The Greeks knew nothing of anatomy, and were therefore necessarily ignorant of physiology. [Even their ingenuity and powerful intellect could not surmount this disadvantage, although they were excellent observers, and carried the knowledge of disease as far as unaided observation could reach. The Romans were equally destitute of anatomical knowledge, until the time of Galen; and it is probable that he never had dissected the human body. The Arabians merely copied the Greek and Roman writers.

Although medicine, even at an early period, was more subdivided than it is at present, the distinction between physic and surgery does not appear in the old writers, who treat indifferently of both. The separation of surgery, which then consisted of a few mechanical processes, from physic, can only be traced back to the 12th century. At a time when the perversion and abuse of religion were deluging Europe with blood, it was declared by a general council, that the church abhors the shedding of blood—"Ecclesia abhorret a sanguine." Thus the priests, who were then nearly the sole possessors of medical as well as other learning, left to barbers the performance of bleeding and other operations. Perhaps surgery, as it then existed, cannot be said to have been degraded by the alliance, which, however, has lasted in some parts of Europe to the present day.

The progress of anatomical knowledge has been marked by a corresponding advancement of surgery; the epochs of the two sciences are the same. Their most brilliant era in this country was that of the Hunters, with whom Pott was coeval. The impulse which these great men gave to medical science, was not adequately sustained after their death, and the subsequent progress of anatomy and physiology must be looked for in other countries. For a quarter of a century, we were nearly deprived of intercouse with the continent, and knew very little about the state of medicine in France, Italy, and Germany. The national conceit, and the mean opinion of foreigners, which this insulation engendered, were encouraged, and increased by those who ought to have known better. Happily, the cessation of war, by allowing renewed intercourse, has led us to a juster estimate of ourselves and our neighbours. France and Germany have outstripped us in their establishments for medical education, and in the opportunities of acquiring every description of professional knowledge. The advantages of free access to these sources of information, and the zealous efforts of numerous able men in rendering them as useful as possible, have attracted numerous English students to the schools of France and Germany, where they have seen much that might be advantageously imitated at home. These foreign travels and studies ought to meet with every encouragement. The true lover of science will hail improvement with pleasure, from whatever quarter it may proceed. In so vast a subject as medicine, our views will be very imperfect, if they are confined to the doctrines and experience of a particular school, or even country. We should compare the opinions and practice of others with our own, and the range of comparison cannot be too wide.

To the writings and lectures of Mr. Abernethy, we may ascribe the great praise of exciting and exemplifying a more scientific investigation and treatment of surgical diseases. He was the first, in this country, to vindicate the natural rank of surgery, as a branch of general pathology; he taught us to extend our views beyond the narrow limits of local causes and remedies; he pointed out the general influences to which the diseases of parts owe their origin, and hence he deduced the general means of treating such affections. He has been accused of wishing to make surgeons physicians; the accusation does him the greatest credit. By exciting surgeons to cultivate medicine generally, by thus reuniting two artificially separated parts of one science, which require each other's aid, he has, at the same time, benefited the public, and increased the respectability of his own profession.

Let me observe, gentlemen, in conclusion, that in devoting you selves to the medical profession, you are undertaking an honourable and useful, but very arduous task. The most comprehensive mind, and the greatest industry, might find occupation for many years in acquiring the whole circle of medical knowledge; and you will have reason to lament that you cannot employ a longer time in the preliminary studies which are necessary as a qualification for practice.

In some respects, our profession has peculiar advantages; it engages us in the contemplation and study of nature, and in the investigation of truth. We are not obliged to defend any doctrines or systems, nor to uphold any set of opinions. We have no interests at variance with those of the community. In professional intercourse with our fellow-creatures, we are known only as the instruments of good, as the means of removing pain and sickness—the greatest evils, and of restoring or securing health, the greatest blessing to man. The happiness or misery of life, and the very questions of life or death often hang on our decisions. I trust that, bearing in mind the serious nature of your duties, you will be anxious to employ the short period of your studies to the greatest advantage, and allow no opportunity of gaining knowledge to pass unimproved. You will thus render yourselves useful and respected members of an honourable profession, and be always albe to look back with satisfaction on a life spent in doing good to those around you.

[The sentiments of this distinguished surgeon and orator are completely in unison with the principles of the *Institute;* and their application to the existing state of the laws and ordinances by which the profession is governed in the United Kingdom is so direct—moreover, they are so forcibly and so eloquently expressed, that we feel unable to give in more appropriate terms the opinions entertained, as we believe, by the great body of general practitioners of this country.]

ORIGINAL COMMUNICATIONS.

MEDICAL GUIDE TO THE PRINCIPAL GERMAN SPAS,

WITH PARTICULAR REFERENCE TO AN APPROPRIATE SELECTION OF THE RESPECTIVE SPRINGS IN VARIOUS CHRONIC DISEASES.

By SIGISMUND SUTRO, M.D.,

Senior Physician to the German Hospital, London.

The Mineral Waters of Germany form a class of remedies compounded in the laboratory of nature, which, in almost every instance, have been employed in the neighbourhood of the several spas, as domestic remedies for different ailments, long before their medicinal use was resorted to by physicians; so that they share, in this respect, the peculiarity common to many powerful agents of our Pharmacopœia.

I need not expatiate on their importance; that being sufficiently proved by the fact, that thousands of patients, from this country alone, annually visit the various Spas of Germany; the greater proportion being induced to take this step, from the circumstance of some relative or acquaintance having derived advantage from the use of some particular spring.

The choice thus directed, as it too frequently happens, by unprofessional persons, must inevitably, in many instances, produce disappointment, if not actual injury. It would, therefore, be highly advantageous both to the patient and to his medical adviser, in cases of chronic disease—for which, after exhausting the usual remedies, "change of air" is resorted to—if the employment of these natural curative agents were recommended, instead of a mere "change;" thus keeping the disease, to a certain extent, under the control of the physician, notwithstanding the removal of his patient to a distance.

In cases wherein the actual journey to a distant spa may be impracticable, imported mineral waters can often be effectively used in the same diseases in which the respective spas are indicated.

Thus, for instance, in *catarrhal affection of the throat, and inveterate hoarseness*, when, if the patient's circumstances had permitted it, I should have recommended a visit to *Ems*, I have frequently prescribed the *Kränchen*, or *Kesselbrunnen* of Ems; and have been gratified by the most favorable results, after three or four weeks' administration of the water in comparatively small doses, without any material change in the patient's mode of living.

In cases of *struma* or *goitre*, which had resisted the usual treatment by various preparations of iodine, I have succeeded in effecting cures by administering the waters of *Adelheidsquelle* of Heilbrunn, or *Elisabethquelle* of *Kreuznach*.

In *nervous debility* and emaciation, consequent on repeated parturition, without apparent local or general disorder, I have obtained similar results from *Fachingen*, *Pyrmont*, or *Schwalbach* waters.

In several cases of *hyperemesis gravidarum*, wherein the ordinary remedies had failed to diminish the utero-gastric irritability, a few bottles of *Heppingen* water sufficed to remove the sickness, and to restore the healthy function of the intestinal canal.

In *fluor albus benignus*, the waters of *Spa*, *Schwalbach*, or *Pyrmont*, have furnished equally satisfactory results.

In *abdominal obstruction* with great susceptibility of the gastric mucous membrane, when alvine evacuation is desired without the slightest irritation, no safer remedy can be employed than an occasional dose of *Püllnawater*, and in less severe cases, *Saidschütz* or *Seidletz* waters. The beneficial effects of *Rakoczy* or *Kissingen*, of *Marienbader Kreuzbrunnen*, and of the fictitious *Karlsbad* water in the respective ailments, are too well known to require further allusion.

In fact, whenever the usual remedies indicated in different chronic diseases cease to operate beneficially, it is highly advan-

tageous to be able to recommend analogous remedies, containing, it is true, much smaller proportions of remedial substances, but exercising a more energetic influence on the human system than a considerably greater quantity of the same remedies in the ordinary pharmaceutic preparations.

This peculiar efficacy may be partially attributed to the greater degree of solution and intimate combination of the various constituents, thus enabling the curative particles contained in the water *immediately* to enter the absorbent vessels, and impregnate the blood; while ordinary preparations, being less minutely atomised, as it were, have in the first place, to pass the digestive apparatus, and often the digestive function, before they arrive in contact with the circulating fluids. Whether this or any other physiological reason will afford a satisfactory explanation of the fact, certain it is, that while, for instance, the most powerful chalybeates do not contain more than from $\frac{1}{4}$ to $\frac{3}{4}$ of a grain of iron to a pint of water, they, nevertheless, exhibit more powerful tonic and stimulant effects than are obtainable from a much greater proportion of the same remedy in one of its usual forms.

The administration of the mineral waters in appropriate cases, is attended with this great advantage — that the chief remedial agents required in the respective modes of treatment are, in almost every instance, combined with such other ingredients as tend to prevent any unfavorable secondary effects. Thus, in chalybeates, the stimulating and tonic power of *iron* is modified by the presence of neutral and other salts in such variety in the different spas, as to correspond to greatly differing states of debility or anœmia. On the other hand, those which chiefly contain salts, tending to promote abdominal secretions and excretions, such as *Rakoczy* of Kissingen, *Kreutzbrunn* of Marienbad, *Elisabethquelle* of Homburg, *Bitterwasser* of Püllna, &c., contain small quantities of iron and other tonics in various proportions, and thus obviate the weakening effects which would otherwise result from the employment of the chief agents.

Those who have enjoyed no opportunity of observing the operation of mineral waters, are accustomed to attribute their alleged curative powers to the healing influence of the journey, to the change of air, of scenery, and of diet, to the absence of the usual toils and cares of life, &c.; but, however beneficial such change and relief may be to the weakened organism, they cannot be recognized as the chief instruments of the cures experienced at the spas, for the following reasons:—

1. Many invalids find no relief whatever; on the contrary, their ailments are often aggravated at one spa, while they get relieved or cured at another—the climatic, domestic, and dietetic influences remaining precisely the same.

2. Some of the most powerful spas may almost be considered as chemically pure, containing as they do, only a few grains of solid substances to a pint of water; nevertheless, Wildbad, Gastein, Peffers, and others of this class, are renowned for the restoration to health of confirmed invalids, who had gone upon crutches for years; while common water baths of the *same temperature*, impregnated with the *same ingredients*, in the *same proportions*, exhibit no peculiar effects. Other waters, again, display perfectly specific influences, not connected with the cure. Thus, the use of *Karlsbad*, so famous for its deobstruant and solvent power on the liver and other abdominal organs, causes the *callus* of firmly united fractures, even when of very old standing, to become soft.

3. The *eruption* and *bath-fever*, temporarily induced by the employment of several of these mineral springs, during the progress of the course, are indicative of a powerful and specific action upon the human system, not always explicable by our *present* knowledge of their chemical constituents.

4. Patients who have experienced relief by drinking the several waters at their springs, have, in subsequent attacks of the same diseases, found the same specific relief from drinking the imported mineral waters at their homes.

All the above reasons tend to show that a more intimate and extensive knowledge of the spas would be highly beneficial; and as the daily increasing facilities of travelling render the spas of Germany *continually* more accessible to English patients, it will probably, in a very few years, prove a source of much embarrassment to any medical practitioner, if he be not in some degree acquainted with their respective virtues.

In the promotion of this desirable end, I trust the following contribution may not be found altogether useless.

Instead of commencing with an exposition of the various theories concerning the origin, formation and effects of mineral waters, I shall merely detail the classification now most generally adopted, and, without further preliminary remark, travel with the reader to the several spas, examine their properties, and their action; and when we have completed our tour, shall entertain him with the *general* views formed by others, which he may then compare with the conclusions to which he has himself arrived.

Dr. Vetter divides the spas and mineral waters into—

I. *Akratopegæ* (a negativum, κρατος, power; and πηγη, spring). Such springs as are distinguished by their chemical purity, called also "chemically indifferent," having, as it were, *powerless* constituents; they are clear, tasteless, and generally inodorous (sometimes weakly indicating the smell of sulphuretted hydrogen), of nearly the same specific gravity as water, and containing in sixteen ounces less than five grains of solid ingredients, and only the tenth part of the quantity of gas which would correspond to their tension. The constituents are not such as exhibit strong efficacy in small quantities.

These are subdivided into:—

Akratothermæ, chemically pure thermal springs, as Gastein, Landeck, Pfeffers, Teplitz, Warmbrun, Wildbad, and

Akratokrenæ, chemically pure cold springs.

Dr. Vetter designates as *krenæ*, or cold springs, all under 15° Reaumur, or 66° Fahrenheit; as *pegæ*, or medial, those which range from 15° to 28° R., or 66° to 98° F.; and as *thermæ*, hot springs, all exceeding this heat. Springs in general, without reference to temperature, are also termed *Pegæ*.

II. *Synkratopegæ* (συν, with; κρατος, power; and πηγη, spring, possess constituents of considerable medical power, and are subdivided into—

Hydralmæ (ὕδωρ, water; and ἅλς, salt), *salt waters*, chloride of sodium or common salt, being their predominant ingredient.

Thalattia (θάλαττα, sea), *sea waters*, of a saltish, disagreeably bitter taste, and a peculiar aromatic odour; specific gravity 1.0265 to 1.0295; temperature varying with the seasons, but more temperate than the air. Solid ingredients from 240 to 330 grains in the 16 ounces, consisting chiefly of combinations of chlorine, with sodium and magnesium, besides sulphates of these bases, some iodine, bromine, and organic matter.

(Waters of the oceans, North Sea, Mediterranean.)

Variety. Inland seas (Pontiæ), of less specific gravity, and smaller quantity of solid ingredients, under 240 or 250 grains in 16 ounces of water; in all other respects analogous to the former.

(Baltic Sea, Black Sea, also coasts of large and rapid streams.)

Halopegæ, saline springs (from ἅλς, salt, and πηνη, spring), generally inodorous and clear, in some cases opalescent. Taste, in some instances, purely saltish, in others resembling chicken-broth, bitterish, astringent, ferrugineous, alkaline, or acrid. Ingredients: combinations of chlorine with sodium, also with magnesium and calcium, either without gas, or with carbonic acid, carburetted hydrogen, nitrogen, and sometimes a slight admixture of sulphuretted hydrogen, or common air.

Varieties. Bitter-salty, earthy, ferrugineous, alkaline, and acidulous saline springs.

Subdivided into—

Halothermæ, *hot saline springs*, saline ingredients moderate in quantity; taste, and smell, resembling weak chicken-broth, sometimes clear, sometimes opalescent. (Baden-Baden, Bercette, Burtscheid, Wiesbaden, &c.)

Halokrenæ, *cold saline springs*, contain, in some instances, a great quantity of carbonic acid gas, so that their taste is frequently more piquant than saltish, sometimes highly agreeable, and in no instance nauseous. (Elmen, Ischl, Hall (in Wurtemburg,) Homburg, Kissingen, Kreuznach, Salzquelle of Pyrmont, Salzhausen, Soden, Wildegg, &c.)

Halmyrides ("Soolen and Sallzlaugen") *salt springs and salt lessives*, cold or cool, spec. grav. exceeding 1.005, of an acrid, caustic, nauseous taste, tempered for drinking or bathing by admixture with some less impregnated water. They are either products of nature, or prepared by the evaporation of saline spring waters; in the latter case they are generally brownish, turbid, and coloured by extractive substance; they contain chiefly chloride of sodium, magnesium, and calcium, combinations of iodine and bromine, and sulphates. (Elmen, Ischl, Friedrichshall, Halle, Reichenhall (Kreuth) Sulz, &c.) Varieties—*Iodepegæ* (iodine and bromine springs); iodine and bromine being the predominant constituents of these springs, considerably modify their action. (Adelheidsquelle, Iwonicz, Hall, (Austria) Luhatschowitz, Kreutznach, &c).

All *chlorides*, and particularly chloride of sodium, exercise a stimulating power upon the mucous membranes, and may be considered as digestive salts, promoting the secretion of acid gastric juice; the chlorine combining with the hydrogen of the mucus, forms hydrochloric acid, while the sodium forms soda with the oxygen, and combines as such with the albumen, which it often holds in solution in the tissues of the body, and to which it exhibits great affinity. Being less exciting than the carbonates, and less

lowering than the sulphates, they are particularly apt to agree with weakly or irritable patients. Thus the *Hydralmæ* may be considered to act specifically on the *weakened nutrition* of the female sex, and of premature old age in both sexes;—the greater the proportion of *earthy* chlorides they may contain, the stronger will be their action as *alteratives* on the animal fibre; the greater the proportion of *carbonates* of alkalies and earths in their composition, the more power will they exhibit, in increasing the secretions of the kidneys, salivary glands, &c., &c., and will therefore prove highly useful to those patients in whom these secretory processes are too weak, or morbidly altered. *Chloride of magnesium* and of *calcium*, however, are apt, after long use, to produce an over-stimulating effect on the alimentary canal,—not increasing the mucous secretion and the peristaltic motion, like the sulphates of magnesia and of soda, but, on the contrary, often retarding the alvine excretions, and thus producing constipation. The predominance of these ingredients will consequently be advantageous in cases of morbid relaxation of the mucous membrane with increased secretion, and of course injurious in cases of an opposite nature.

2. *Pikropegæ* (from πικρος bitter, and πηγη spring) *bitter waters*, containing sulphate of magnesia, or sulphate of soda, as chief ingredient. *Taste* bitter or bitterish, sometimes very nauseous; those which abound in carbonic acid gas have a more agreeable taste; the hot ones have a flavour of chicken broth; they are generally clear and colourless, sometimes impregnated with atmospheric air, or carbonic acid gas; occasionally, traces of sulphuretted hydrogen are observable. They may be subdivided in two varieties — viz., *Alkaline Pikropegæ*, wherein the soda predominating over the sulphuric acid, no sulphate of magnesia can exist; and *Earthy* Pikropegæ, containing sulphate of magnesia.

Pikrothermæ, warm bitter springs, resemble the weaker Halothermæ, in tasting like chicken broth, clear, with several deposits; of comparatively rare occurrence. (Karlsbad, Baden (Wien), St. Gervais, &c.)

Pikrokrenæ, cold bitter springs; some abounding in carbonic acid gas, particularly the alkaline pikropegæ (and those are of a less bitter and mawkish taste), easily decomposed by contact with organic substances, and then evolving a smell of sulphuretted hydrogen. (Marienbad, Eger, Saidschutz, Pullna, Seidlitz, &c.,; also the Dead Sea, the lake Urmia, and other bitter salt lakes).

The *pikropegæ* depress the vitality of the system, and diminish the plasticity of the blood in a high degree. They are consequently useful in removing venous obstructions in the abdominal vessels, connected with general irritability. On the other hand, they are capable of removing certain kinds of torpor accompanying chronic enlargements, by their cooling and liquefying power; so that they apparently act as *tonics* in these instances, although they must generally be considered as remedies which weaken the normal state of health, lower the irritability, and diminish the cohesion of the fibre.

This latter effect is peculiarly apparent in those *pikropegæ* which are not modified in their action by an admixture of a proportionate quantity of carbonates of alkalies, or of metals, particularly iron. The presence of carbonate of soda in the pikropegæ, forms probably the most alterative saline combination (next to nitre), as regards the composition of the blood, in the same manner as the connexion of carbonates with the chlorides in the saline springs (Hydralmæ) affords the most powerful combination, as regards the products of the lymphatic vessels and glands.

3. *Natropegæ.*—Alkaline and acidulous springs, containing carbonate of soda as their chief ingredient. Taste alkaline, rather mawkish (Thermæ), or piquant and refreshing; according to the secondary constituents: saline, bitter, or ferrugineous; generally clear and without smell, excepting in a few instances a faint odour of sulphuretted hydrogen, evincing invariably an alkaline reaction as soon as the excess of carbonic acid gas has escaped.

Natrothermæ.— Clear, colourless, inodorous, and generally tasteless (sometimes, but rarely, slightly mawkish), with decided alkaline reaction. (Bertrich, Ems, Schlangenbad, Vichy, &c.)

Natrokrenæ.—Clear, with great abundance of gas, inodorous, taste piquant and refreshing. (Bilin, Fachingen, Obersalzbrunnen Selters, Tarasp, &c.)

The *natropegæ* containing no other salts than carbonates, the bases are peculiarly apt to combine with organic acids, and thus the renal and other secretions of acid reaction must be particularly exposed to their chemical influence. Uric acid secreted from the blood by the kidneys, may, through morbidly altered sanguification or from impeded circulation, be formed with other secretions in too great quantities to be dissolved and excreted, and must in consequence be precipitated in different tissues, thus causing morbid phenomena or abnormal productions. In such cases, the great efficacy of carbonates, and especially carbonate of soda, is obvious. In the first place, it counteracts the excessive acidity of the gastric juice, invariably consequent on any increased irritation of the mucous membrane. It further supplies deficient bilification, and by neutralising the excess of acetic and hydrochloric acids, which would otherwise have receded into the fluids of the system, it arrests, as it were, the formation of uric acid, the elements of which, if abundantly entering the blood, probably contribute largely to that excitation which follows luxurious meals, and ends in the secretion of the so-called *urina-chyli*. But the antacid action of soda can only partially explain the stimulating and solvent power which it exhibits in so many diseases of nutrition. For it may be asserted, that any disease comprising *dyspepsia* among its causes or symptoms, will be alleviated, if not cured, by the carbonates of alkalies, not excepting even ailments connected with *polycholia*, unless irritation and congestion of the liver be present at the same time. Although chemical neutralization would be completely out of the question here, and although similar ailments find appropriate remedies in the milder vegetable acids, as acetic and tartaric acid, experience has nevertheless established a most beneficial effect of the alkalies on abnormally increased bilification. Every retarded or unequal motion of the blood, necessarily involving an imperfect respiratory function, must occasion engorgement of the abdominal viscera, and particularly of the liver; consequently, alkalies, which diminish the heightened venosity, may indirectly limit those processes which became necessary to compensate the deficient arterial transformation.

The combinations of other neutralized salts in the *Natropegæ* naturally cause many modifications of their efficacy, which, in accordance with their dominant constituents, exhibit a more stimulating or more cooling character, and respectively influence the action of the skin, the kidneys, the lymphatic glands, and even the lungs.

4. *Chalicopegæ. Earthy waters*, containing chiefly sulphate of lime, or carbonates of earths. They are very prone to form precipitates, and to become turbid. Taste earthy, mawkish, or sweetish; in some cases disagreeably irritating to the skin, owing to the presence of minute granulous or sandy particles.

Chalicothermæ. Containing chiefly sulphate of lime. (Aix, Bagneres d'Adour, Leuk, Lukka, Pisa, Ussat, &c.)

Chalicokrenæ. Slightly acidulous, with a corresponding quantity of bi-carbonate of lime; generally speaking, of little medicinal value. (Grub, Krumbad, Limpach, Lippspringe, Arminiusquelle, Moching, Wildungen, &c.)

The *chalicopegæ* contain no alkaline salt in predominance, but merely earthy salts, and a few other ingredients. They may be considered as catalytical stimulants of the renal function, by which the secretion of these salts must be chiefly performed. They also stimulate the mucous membrane of the alimentary canal, but are apt to weaken digestion if employed to excess. (Narzan, in Kaukasus, is a very efficacious spa of this class.)

V.—*Anthracokrenæ* (from ἀνθραξ, carbon, and κρηνη, cold spring), *acidulous springs.* Clear, and of a refreshing piquant taste, inodorous, pungent, cold; deficient in efficacious substances, such as chlorides, bitter salts, soda, or iron, they are distinguished by an abundance of carbonic acid gas. With reference to their composition, they sometimes approach the alkaline, sometimes the chalybeate, and more rarely the earthy spas. (Karlsbad Säuerling, Flensburg, Montabaur, Pyrmont Säuerling, &c.)

The *anthrakokrenæ* exert a stimulating effect on the skin and intestinal canal, which extends to the vascular system generally, and promotes those functions adapted for the elimination of carbonic acid. Their general effect is analogous to that of the weaker vegetable acids.

6. *Chalybokrenæ* (from ΧαλυΦ, steel, and κρηνη, cold spring), *chalybeates.*—So far analogous to the preceding class, that they contain an excess of carbonic acid; characterized by the presence of carbonate of protoxide of iron, amounting to at least half a grain in the pound, while other prominent and efficacious substances are wanting. With the escape of carbonic acid, they lose their peculiar characteristics. (Ferruginous springs of Aix-la-Chapelle, Bocklet, Burgbrohl, Malmedy, Pyrmont, Rippoldsau, Schwalback, Spa, &c.

Carbonate of Iron is found in most mineral springs, operating as an adjuvant or corrective of the general effect. It prevents the locally debilitating influence which alkaline waters would exercise, by a too strong excitation of the surfaces into which they are absorbed, and thus maintains the active character of the secretive and assimilative functions necessary to the performance of a cure.

As a *prominent ingredient*, the iron displays an immediate affinity to the blood, and enters into its composition in a manner which seems to warrant the conclusion that the weaker its combination

with the electro-negative body, and the easier its separation, the more readily is its affinity displayed to the blood, in which it ensures a more active metamorphosis with the nerves, and an increased plasticity, sometimes amounting to congestive or even inflammatory irritation, in cases where iron is contra-indicated, or wherein it is not modified by the presence of cooling, tempering salts, or such substances as cause the excretion of the remedy by the renal function.

7. *Siderokrenæ* (iron springs), cold mineral waters, also containing iron as chief ingredient, but possessing no carbonate of alkalies or earths, the iron being itself combined with some other acid than carbonic. They generally contain no gas, but crenic acid, extractive substance, and alum.

(Alexisbad, Bukowina, Gleissen, Muskau, Sterknitz, &c.)

Sulphate and muriate of iron do not seem to enter so immediately into the blood; they pass by a more circuitous route through the absorbent vessels, and improve the blood-krasis through the agency of the lymphatic system. To display their good effects, they require less irritable, if not stronger digestive organs; otherwise they would be repelled without advantage. They stand in the same relation to the saline as the chalybeates to the alkaline springs.

8. *Theiopegæ—θειον* sulphur, and *πηγη* spring—*sulphurous springs*, containing, as chief agent, a combination of sulphur (sulphuret of sodium in the Pyrenees), which constantly evolves free sulphuretted hydrogen gas. They are clear or milky, of a nauseous taste and smell (resembling rotten eggs), and are easily decomposed.

Theiothermæ—hot sulphurous springs.

(Aachen—Aix-la-Chapelle,—Bagneres de Luchon, Barèges, Cauterets, St. Sauveur, &c.)

Theiokrenæ—cold sulphurous springs.

(Eauxbonnes, Cadéac, Eilsen, Kreuth, Langenbrücken, Nenndorf, Weilbach, &c.)

The Theiopegæ exert a particular influence on such forms of cutaneous derangement as are connected with the fibrous system. They are therefore especially efficacious in rheumatic, arthritic, and herpetic dyskrasiæ, which they counteract by exciting the normal function of the skin, besides inducing the excretion of a hydro-sulphureous principle, an effete animal substance which impedes the secretory and other organs, and acts offensively on the sensient and nervous system, producing neurosis of the skin and of fibrous membranes.

HEREDITARY TENDENCIES—A VITAL PART OF THE SANITARY QUESTION.

When Tarquinius sceptically enquired of the Soothsayer if what he then contemplated would succeed, he immediately *realized*, as recorded, the assurance that, if he "*cut boldly*" he would divide the hone with a razor, a great moral truth was illustrated. Allied to this, was the experience of a general of old, who, with a mere handful of troops went from conquest to conquest, so that an orator of Rome said in after-time, of their indomitable resolution and entire self-reliance, "possunt, quia posse videntur." The same spirit animating the enquirer into the causes of disease, and the methods of prevention, will teach him to triumph over all obstacles, by first leading him to consider that all diseases, bodily and mental, may be prevented, so that death shall never ensue except by violence or accident, till ripe old age.

At the very opening of this view, there arises a difficulty from the opinion generally entertained that *many diseases are hereditary*, and that such necessarily entail suffering on their victims—often dooming them to an untimely grave. Let it, however, be borne in mind, that in reality, as the rule, there exists nothing of this character, but the tendency to a given disease; and that an intimate knowledge of the means of prevention, and sometimes, even of cure, may check the development of such bias in an individual, sprung from a tainted parent, and forbid its passing from one generation to another. What Dr. Samuel Johnson has said in a moral point of view, applies well to the physical condition, respecting which it is true, that "Man may *make* the happiness (or health) he cannot *find*."

There is much ground for fearing that, notwithstanding the great labour which the General Board of Health and the various amateur workers in the same field have bestowed on the cause, this great point has been too little noticed or dwelt upon as a substantive agent. Almost exclusive attention has been given to matters "foreign to the man," such as drainage, water-supply, and ventilation. A force defying these, or at least, irrespective of them, is constantly in operation, which, though influenced by them, is capable of deteriorating the species, and sustaining the seeds of early decay and dissolution. This force—an hereditary tendency, an inscrutable elimination of a mere bias to a given disease, is the mystery-fact which demands observation and study. Though, at present, it may defy solution, the investigation of its traces and phases requires minute care, and will yield valuable fruit in an improved offspring, and an heightened average duration of life. Unsound progeny, placed and preserved through life in circumstances favorable to the growth of what is good in the constitution, and unfavorable to what is peccant, may pass through a long existence with little or no development of the latent tendency, and transmit to another generation a system still more above the original vitiated bias: again and again this will occur, till at length, all hereditary tendency will be totally lost in successive progeny, as the waters of the rivers in the boundless ocean. The moral government of the world, equally with the laws of physiology and pathology, testifies how, in this way, the sins of the fathers may be visited upon the children unto the third and fourth generations; but the same rules, rightly understood and obeyed, establish man's lawful inheritance to progressive immunity from diseases; not only from those usually called hereditary, but also from those which skulk in mask, and conceal their tendency in tuberculoid blood, or in a peculiar cerebral organization, giving a proclivity to insanity.

There are facts, it must be admitted, in the annals of medicine, which tend to subvert this favorable view of the progressive improvement of the race, such as the actual transmission of disease to the child "in utero." Venereal blotches and small-pox pustules have been found in the new-born infant; and several children in one family have been idiots, though their parents were vigorous in mind, and represented in their persons identical defects or peculiarities, acquired "in utero" from their parents. So acted upon by extrinsic causes, can intra-uterine life be, that a case occurred in Sir Richard Croft's practice, in which a lady gave birth to a child covered with small-pox, while she herself, who years ago had suffered from the disease, was not aware of a special or newly-acquired taint in her constitution. Within a month of her confinement, walking in Portland-place, she met a woman carrying a child disgustingly scaled with recent small-pox scabs; she felt, at the moment, "a shudder"—returned home, experienced a rigor while on the sofa—was sick; and, after two or three days of febrile disturbance, was as well as usual. The incident was nearly forgotten till the birth of the child, with well-marked varioloid disease, brought it to recollection. So extreme a case as this may be considered a freak of nature, yet well evidencing the subtle agency of physical causation on the offspring; and, "quantem vollat," telling against the doctrine of *merely* an hereditary tendency being the law of transmission; nevertheless, it does not much embarrass the sanitary reformer, since small-pox may be *prevented;* with this, as with other diseases which acquire a contagious property, the "fores et origo malorum" *may be destroyed.*

There is much very disheartening to sanitary efforts in the doctrine promulgated by the Malthusian school, that *hereditary* diseases—surely carrying with them suffering, premature decay, and dissolution—are part of the contemplated checks of Nature to avert a redundant population. The ascendancy of moral restraint over brute appetite, or even the more refined union of social affection with sexual indulgence, is inseparable from refined and civilized life; but to argue against the rightful exercise of the first prime law of virility—love and increase—on the score of engendering an over-stocked population, and of the danger of creating a demand for food for human beings beyond the earth's power of supply, is, as Peter Pindar says, "fudge, downright fudge—mere humbug, sheer invention!"

The cause of morals and human nature, of health and happiness, may be advanced in a greater and more harmonious degree, by that restraint which Horace enjoins:—

> "Animum rege, qui nisi paret
> Imperat; hunc frænis—hunc tu compesce catenis."

by teaching *why* and *how* to regulate impulse, in obedience to Nature's stern necessities. To cause the earth, through scientific culture, to yield tenfold produce—to cultivate the *whole* of our habitable globe; and perhaps even, as some have conjectured, from the elements around *to create* or engender food or nourishment, through the mighty working of chemical agency, would give a produce proportioned to the growing demand. Such efforts and contemplations are worthy of those who "judge not of things by men's opinions, but of opinions by things;" and who feel that "*Truth*, whether in or out of fashion, is the business of their minds, and the measure of their understandings."

By force of a pseudo-philosophy, framed to extinguish instincts

and to pervert affections, the foundation of much illness and vice is established. Appetites destined at the same time to secure the propagation of the species, and to awaken the pure and social joys of life, are rendered often on this foundation the mainspring of a life of sickness and misery to thousands,—particularly to females more especially doomed to forego the varied endearments and sacred sanitary obligations which spring from the holy alliance of home, marriage, and maternity.

The benign, though apparently severe law, that a *whole stock must perish*, when the damage done to the system is so vitiating, that redemption is not practicable, is an argument for the prudent and enlightened, to avoid an attachment or connection with such source. Here, indeed, let a wise moral restraint be exercised—here, indeed, "animum rege," &c.—when the offspring must perish, though not, perhaps, till it has lived long enough to engender a flimsy progeny—doomed by the inexorable law to suffer and to die. A wisely benevolent man, enthusiastic for the elevation of his species, would almost wish for the revival of a Spartan law, which forbade deformed children to be reared.

The extreme case of a thoroughly vitiated stock—having hereditary disease, is rather an exception to the rule which denies the *actual transmission* of *disease:* it does not tell against the usefulness and practicability of this branch of the sanitarian aim, but it ratifies the doctrine that exertion and vigilance can be taken—must be taken, to raise the tone of constitutional power, and to establish the moral check, discrimination in intercourse, not from apprehension of a redundant population and deficient food, but from dread of a degenerate species, physical suffering, and untimely death.

With this view, it becomes the bounden obligation of every medical philanthropist, in his habitual communion with the heads of families, to represent to them the right duty—the stern necessity which lies upon them of maintaining a high vigour of mind and of body, that they may avoid the sin and cruelty of engendering offspring with sickly constitutions. Let them remember, that no after care can compensate for the absence of the primordial integrity of system now advocated. It is not probable that parents who are manifestly careless, through ignorance or thoughtlessness, of their own health, will surround their children with the varied social and physical circumstances calculated to antagonize the transmitted weakness. They may rely upon paying the severe penalty of following, again and again, their cherished offspring, in childhood, or in adolescence, to the grave—the bitter penalty exacted by the Nemesis of neglected physiology.

Afflicted benevolence, like Heraclitus, may weep over the mass of avoidable domestic misery, which daily meets the eye; but the medical philosopher of the present age has

> "To stand undaunted by the threatening death,
> Or harder circumstance of living doom."

It is his mission to explore the hidden operations of Nature, to declare her covenants, and to prove that, only through a knowledge of her laws and an obedience to them, can man obtain, and transmit to his progeny, "mens sana in corpore sano."

Preventing disease, as the officer of health, he feels himself the true minister of God—strong in the conviction of the mighty truths he labours to diffuse, and of the blessings they carry with them. Full of faith, like Tarquin of old, in the promises of his unerring oracle, he *cuts boldly*, and cuts asunder the bonds of prejudice, which, in days of ignorance and superstition, caused mankind to endure much physical evil, under a mistaken estimate of "*Hereditary Disease.*"

CHARLES F. J. LORD, M.R.C.S., E.

Hampstead, 29th Sept., 1850.

LEAVES FROM THE DIARY OF A PARISH DOCTOR.

(The old Regime.)

BY THEOPHILUS PROBE, ESQ.

Forty years' experience in medical practice gives importance to opinion, to say the least; and when men possess tact and observation, the changes which occur in such a lapse of time furnish food for speculation and thought. We are fond of living over again the days which are called "by-gones." In a quiet, comfortable nook, how sweet to give the reins to imagination, and conjure up early associations and early impressions, made when the world was new—

> "When all above was sunshine, and all beneath were flowers."

The aspects of medical life are as variable as sunshine and clouds, and almost as rapid in their transitions. At one hour the medical practioner finds himself social and at ease in his family circle, or in the midst of a convivial party: in the next, he is riding through darkness and dulness to the chambers of disease and death.

Rembrant himself could not picture the lights and shadows of our singularly erratic existence. We are as changeable as the chameleon; the human countenance altering its guise and character with a rapidity almost equal to the Thespian hero—

> "Who struts his hour upon the stage."

We have ourselves experienced all these peculiarities,—peculiarities not of nature, but of circumstance. Our next door neighbour is convalescent, with him we laugh and joke, tell a story, and retreat amidst smiling and jocund faces. But we must call immediately at the house opposite;—there lies the mother of a family, in the last stage of pulmonary consumption; there is no hope, not a shadow of prospect; in a few days and she will breathe her last, an affectionate husband will lose a faithful friend, a prattling host of children the fostering hand which reared them, and the heart which beat only for their welfare.

What a transition of face and feature is necessary here!

But we must not occupy too much space with these well-known matters. We feel inclined to devote these leaves to views on Pauper Practice, of which—God forgive us!—we have had our share. We are in our little nook, imagination is rampant, and we are going back in our review forty years. We entered our noviciate in the art and mystery of physic under the guidance and direction of Mr. ——, in the manufacturing town of L——.

The practice had been large, but it had deteriorated: we shall not stop to say why. It was necessary, if possible, to add pauper practice to eke out an income, and the large and populous parish of St. M. was vacant,—minus a parish doctor. The dignified appellation of Medical Officer was then unknown, that "*soubriquet*," we take it, was an emanation from the three kings of Somerset House, as a salvo to such who accepted office under the dictatorship of that triune monarchy. What a contest in the busy town did this election for a parish doctor create. Five candidates for an office producing sixty pounds a year—to find drugs and ordinary appliances to the pauper population of upwards of 20,000 inhabitants. The favorers of the vote by ballot would have seen a splendid example of the practicability of their favorite theory. All who paid rates had the privilege to vote,—the lanes, the alleys, the slums were literally scoured; and many a wight who had been bribed for his suffrage, found, when the books were examined, that he could not give a *quid* for the *quo*, his vote being *nil* from non-payment of parish dues.

Our worthy master received the appointment, and well we remember the chuckle and self-gratulation with which he announced his victory. Poor fellow! his satisfaction was somewhat premature, for no one can conceive the labour this appointment created. The perpetual calls upon his time at all periods and all seasons; the horrible abodes of wretchednes and misery into which he was compelled to enter, in the midst of filth, poverty, contagion, and vice. We remember one night in particular: a woman of the town, in a fit of desperation, had taken laudanum: it was necessary to watch the effects of remedies, and to take care she should not sleep: during the whole of that night she was walked about between two men, and as her location was a common brothel, the scenes of drunkenness and depravity beggar all description. The impression upon our minds is as vivid at this moment as though it was the occurrence of yesterday. The appointment of our master to this large parish, had its influence upon ourselves. The extent of our medical vocation up to this period, was of the humbler character. We could compound with tolerable accuracy, furbish the bottles, and write directions; we had stepped on a little in minor surgery, for after scarifying sundry pieces of leather, upon which the ramifications of the basilic and cephalic veins were delineated, we ventured on the operation of phlebotomy with very marked success. It became essential we should doff the juvenile, and be regularly drilled into more important duties. We suddenly found our nether proportions encased in tight pantaloons fitting so symmetrically, that Gulliver's H. might have not unreasonably inferred that they were the natural appendix of a reasonable Yahoo; to them were added, Hessian boots, polished with Day and Martin's best, ornamented with tassels marvellously pendulous: every effort was made to solicit whiskers, but they, like Glendower's spirits, would not come when we called for them. For all that, our outward man was so sensibly changed, that "medicus sum," seemed written on every movement we assumed It is true we could not always resist our days-of-yore propensities; we had a predilection in favour of lolly-pops and bull's eyes—preferred a sweet tart to a Bologna sausage, and had a strange tendency to peep into the hedges when we rode into the country, after blackberries and sloes. Our former

associates were wonderfully struck with our sudden leap from Pueritia to Adolescentia, and generally used to greet the Hessians with a grin and a titter; even a dignified frown would not admonish them.

The various and multifarious changes effected in our outward man at this period were but as the shadowing of coming events. Every morning we were furnished with a goodly list of paupers to visit—paupers of all ages, suffering under every character of disease, and some without disease at all. Wretches groaning rather from inanition, from positive starvation—the afflictions of man and not of God.

The squalid and awful position of many of the patients we visited could not with propriety be described on paper: their haunts were grim and dismal; the effluvium of their rooms sickening, and even poisonous; while their bodies swarmed with crawling, creeping denizens, the companions of destitution and filth. Nevertheless, to the enthusiast in physic it was fine practice, and even to us in after life much might have been learnt; but at the period of our peregrinations we knew not the meaning of normal and abnormal, and were ignorant even of such a term as pathology. We said that we could bleed, and we once had a little of our conceit taken out of us, by a wag of a person perpetrating a stale joke, as we were in the act of phlebotomizing an old woman:—"Pray, sir," said he, "how do you bleed, by puncture or incision?" "By puncture," we replied. "Faith, then," said he, "you shall not bleed me." We felt our dignity sadly lowered by this mistake. We do not remember to have done any real mischief in this our juvenile practice. We stuck close to simples, knew what "placebo" meant, and had the formula for such medicaments at our fingers' ends. Errors were sometimes made, when directions were scribbled in unintelligible caligraphy. The era of Silverlock has put an end to that, in those who patronize the plain roman.

Patients themselves sometimes confused their loose papers. We remember a man spreading a pot of electuary upon his leg, and swallowing the ointment; and an old Munster woman tied the enema pouch round her husband's neck, while he regaled himself, "sherry-cobbler"-wise, with gruel, Epsom salts, and olive oil.

With respect to our own progress; we once obtained great credit by dissolving two ounces of sulphate of magnesia in half a pint of water, colouring it with tincture of lavender, and ordering the patient three spoonfuls every three hours. Even Hamilton himself could not have done better; we swept the patient clean, and cured him at once. Our name was up; we were called "a very young, but a very clever doctor." We once introduced the catheter; we had seen the operation performed on the same subject, and the distress of the patient warranted an effort. We succeeded; and great was our triumph. We heard our master express himself warmly to our venerated parent, passing high eulogiums on our boldness and dexterity. He finished his panegyric by declaring "that Theophilus would be something one of these day"—a truism which we cannot say is falsified.

A year or two rolled on, and we suppose our intellect rolled too, gathering, as most rolling things do, except stones, some addition to its weight. Whether the mental kept pace with the physical, we cannot tell; at all events this letter developed kindly. We sprung up tall and comely, and, without the aid of macassar, a capillaceous pencilling of whisker-promise slightly shadowed the angles of our—auxiliaries.

This change was of momentous importance; our governor relaxed his own labours, and increased ours. We were, in fact, except in very urgent and dangerous cases, the doctor-in-ordinary to the pauper population of a parish containing upwards of twenty thousand souls. Yesterday the internal structure of this mass of people were submitted to the crude judgment of a beardless tyro, to deal with it as we listed; ignorant, wholly ignorant at that moment, of the common principles upon which the practice of medicine was based, and only sensible that the medicine to be administered was not to be inordinate in quantity, or expensive quality.

This specimen is a sketch of the old regime. Have we exaggerated?—No. Is our example "sui generis?" Again we say —No. To delegate the pauper practice to inefficient men, was universally adopted forty years ago; and no wonder it should be so, when the pittance which a parsimonious vestry granted for such services, was wholly inadequate to pay the cost of remedies. Fancy the pauper population of a district containing upwards of twenty thousand inhabitants, to be visited, physicked,—all appliances found for sixty pounds a year. Here, in this parish alone, was full employment for a qualified assistant, who would have been an ass indeed, to have undertaken its almost interminable duties for less than the salary given, with board and lodging into the bargain.

Our poor master would have had litte occasion to bribe voters, or to chuckle at his appointment, had he been compelled to engage a person with such qualifications.

He knew well what was the practice of others, and saw no sin in following the example. But was there no sin, no delinquency in this fearful practice? Are our fellow-beings those to whom fortune has beeu unpropitious,—who, having stepped into the mire of poverty, sink deep into its abysses,—are these men so valueless, and their sufferings of such little moment, that they may with impunity be turned over to the tender mercies of unfledged tyros? If the learned will satisfy us that God is a respecter of persons, and that He has, in His own councils, drawn the line of demarcation in the way society has, investing only the rich and powerful with immortal souls, we may then rest, and be quiet with a practice so hideous and baneful. Men of rank in the profession, of known ability, of unquestioned talent refuse pauper practice, and why do they so?

The thing speaks for itself—it does not arise from pre-occupation, or from an unwillingness to give the poor the advantage of their experience. Their readiness to give gratuitous services to public hospitals proves that this is not the case. The truth is, it has been rendered by public parsimony disreputable. High intellect is generally combined with high moral feeling, and to such men the pauper's sufferings call for as much promptness, and as much efficiency in practice, as that which is rendered to a king. Let us ask where is the reward? where the motive for the exercise of such power? The answer may be in the consciousness of doing good: and we believe sincerely such virtuous feelings impel many, and we know they have no other reward; but while charity should not end at home, charity should begin there, and we opine there is little real excellence in that man, who, to effect a good, ruins himself, and beggars those whose dependence is on his exertions.

We have given this sketch, as a simple feature in the operation of the medical department of the old poor law. The administration of that law in almost every department of it was iniquitous; we shall again revert to it. Have we improved under the new system? Is it a leap out of the frying-pan into the fire? We shall try one test, and leave the public to judge.

To be continued.

CASE OF COMPOUND FRACTURE OF THE OS HUMERI IN A DEFICIENT LIMB. CURE, AND CAUSE ASSIGNED FOR THE MALFORMATION.

By G. WEBSTER, Esq., M.D. M.R.C.S., Ed., Dulwich.

Joseph Soph, aged 12, of a scrofulous habit, with scars on the neck and on the right thumb, the bone of which has exfoliated, was born without the left hand and greater part of the fore-arm; the ulna and radius both exist, and form a short stump, as if amputated two inches below the elbow. Two small fleshy excrescences depend from the stump, having the appearance of fingers.

August 8. Fell from a horse within the last hour, and broke the arm bone of the deficient limb about its middle; the upper portion of the bone protrudes through the skin nearly an inch, forming a compound fracture, but the soft parts are not otherwise much injured, and the swelling is not considerable. Understanding that the boy had met with exactly the same accident about a year since, when the bone also protruded,—looking at his constitution, the deficiency of the limb, and the state of the weather (the temperature being 78° in the shade), my first idea was to amputate above the injury; but learning that my patient could carry a basket on his little stump, or tumble a wheelbarrow with its help, of course I became anxious to save the limb, if possible. I therefore applied extension gently but steadily, until the bones were reduced, which was effected without enlarging the wound; the parts were brought into as exact apposition as possible, adhesive straps employed to close the wound, and over them simple dressing. The wound bled but slightly, no material vessel being wounded. A padded splint was placed on the inner-side of the limb and another on the outer, and these were secured by three tapes *secundum artem*. The patient was taken home and placed in bed with the arm raised on a pillow; an evaporating lotion ordered to be constantly applied, and an aperient powder of calomel and jalep to be given at bed time.

In the evening I found him lying comfortably, and tolerably free from pain, the tapes not too tight.

August 9. He has passed a tolerable night, but with a good deal of spasmodic twitching of the stump. Tongue clean; pulse 80, and soft; bowels not moved: complains of hunger.

The boy's father had moved away the pillow on which the limb

rested, to ease the pain, and had placed the arm on the bed, and at a right angle from the body. On removing the splints, I found the bones displaced—the upper part pressing against the skin ; a little blood had flowed from the wound, but it looked well, and there was not much swelling. Adhesive straps and dressing were again carefully applied, the splints placed on the arm, with an additional one in front to steady it still more, and the limb was placed on a pillow in a raised position near the side, so as to relax the muscles. The lotion to be continued, and an aperient draught taken.

August 10. The limb is in tolerable position; there is a slight sanious discharge from the wound, and a little more thickening and redness round its edges, but he is almost free from pain. Slept well. Pulse 80; bowels twice opened yesterday; tongue clean.

August 11. On removing the outer splint, found the broken portions of bone in good position; no discharge from the wound: inflammation subsided; little swelling. Pulse 80, soft; no motion; Contn. hot; hand open.

August 14. On removing the splints, found the portions of bone displaced; wound nearly well; applied a roller, so as to confine the limb to the inner splint, then replaced the other two, and secured them with tapes. Tongue clean; bowels open; pulse calm; appetite good.

August 18. All the parts in excellent position and doing well in every respect. My patient was quite well in a month, and his limb as useful as before.

This case, which occurred to me twenty-four years ago, and is literally transcribed from my case-book, has nothing to recommend it except the simplicity of the treatment and the rapidity of the cure, under some unfavourable circumstances. Had the case occurred in Paris, even at the present day, I am convinced, from observation which I made on a recent visit to the French capital and its hospitals, that the wound would have been stuffed full of their abominable charpee; irritation and inflammation would likely have followed, and the case would have ended in amputation.

I subjoin the curious accounts which I received from the boy's father, and other relations, of the supposed cause of the malformation of the limb. An infant in the suburbs of Walworth, where this boy's parents resided, had its hand and the greater part of the fore-arm eaten off by a large sow, in quest of what it might find to devour. The poor child had been left for a few minutes on the floor by its mother, and a woman next door, then pregnant, hearing the child's cries, rushed in and rescued it from the voracious animal. In due time this woman, who was terribly frightened, was delivered of a child, minus the hand and a part of the fore-arm. The mother of my patient, who was also pregnant, unexpectedly saw this infant's malformation, was much shocked at the sight, and in her turn gave birth to a son with exactly a similar deformity. I give the narrative exactly as I received it, and have no reason to question the facts; however much the inferences may be doubted, the coincidences are at least singular. This is a subject which I believe is not yet settled in the medical world, and, as the subject is a very interesting one, I beg to invite those of your readers who can furnish evidence and facts, to favour us with them, that we may endeavour to arrive at something like accurate conclusions, *pro* or *con*.

CASE OF FRACTURED CRANIUM.

By JAMES BEDINGFIELD, Esq. M.D., &c.,

Longueville House, Needham Market.

In the month of June, 1827, I was sent for in great haste to a servant boy, sixteen years of age, who had been thrown from and kicked by a horse. Upon my arrival, I found that he had been removed from the field in which the accident had occurred, into the house, in an insensible and apparently lifeless state: indeed, at first I thought he had been quite dead; but upon placing the hand over the parieties of the chest, the heart was felt to pulsate feebly and slowly, and respiration, although very weak, was still perceptible. The surface of the body was extremely cold. He had bled profusely from a wound of the scalp as well as from the nose and ears. He was carefully carried to his bedroom, during his transit to which the contents of the stomach were thrown up, but it appeared to be rather by an inverted peristaltic action than by actual vomiting.

A careful examination into the nature and extent of the injury was next instituted. Having enlarged the external wound, I discovered an extensive fracture, with considerable depression upon nearly the centre of the inferior edge of the right parietal bone. From this depressed portion a large fissure extended through the squamous portion of the temporal bone, and I believe through its petrous portion likewise, but the precise nature and extent of the injury will be best elucidated by a reference to the annexed hasty sketches. I trephined in the usual manner, elevated the depressed portion of bone; removed insulated fragments, and extracted a long spiculum which had pierced the *dura mater* and penetrated the substance of the brain to the depth of at least three quarters of an inch. The integuments were then brought together, the head loosely dressed, and the patient put into a warm bed, and a bottle of hot water applied to the feet. Here, for the first time, the pulse at the wrist became perceptible, but it was extremely feeble and only *twenty* in the minute; the boy still insensible, and the surface of his body cold. In this state he continued for six hours, when the pulse gradually rose to thirty, and the surface of the body was slightly warm.

Second day.—Slight sturterous breathing through the night; the pulse forty, and the surface of the body warmer; slight return of muscular power. Directed a stimulating injection, which operated freely ; no evacuation from the bladder; neither does there appear to be any urine secreted, as the body above the pubis is quite flat and free from distention.

Third day.—Got out of bed in the night and made water, although seemingly unconscious of what he was about ; pulse forty, and the temperature of the body nearly natural. Dressed the head, and found the wound looking well ; no protrusion of the cerebrum through the *dura mater*, of which I was exceedingly apprehensive. The boy muttered some words indistinctly, and swallowed some gruel for the first time.

Fourth day.—The pulse sixty, the surface of the body natural ; the patient able to speak, and answer questions coherently. It would be tedious to enter into a further daily detail of symptoms, let it therefore suffice to state, that the pulse gradually increased to eighty in the minute, which number it never exceeded ; that from the commencement to the termination of the case, there never was more reaction in the system than was just sufficient to repair the breach of continuity ; that at no one time did it appear to be either necessary or proper to extract blood either generally or locally ; that an occasional purgative was all the medicine given to him ; and that at the expiration of three weeks the wound was perfectly healed, and the boy convalescent, although the brain might be felt, and seen to pulsate powerfully beneath the integuments. At the age of twenty-two this young man was quite well ; the integuments had contracted powerfully over the breach in the parietal bone, so that the pulsations of the brain could be no longer distinguished; and, in short, there was scarcely a trace left, either of the accident or the operation.

J. BEDINGFIELD.

Longueville House, Needham Market,
September 24, 1850.

RARE AND COMPLICATED CASE IN MIDWIFERY.—INDEPENDENT EXISTENCE OF THE FŒTUS IN UTERO.

To the Editor of the Institute.

Sir,—I send you some brief particulars of a case, rendering such an existence probable at or before the seventh month of pregnancy; a case interesting also on account of its complexity.

I had been attending the patient some time for jaundice, depending upon pregnancy, and such was the irritability of her stomach, and so emaciated was she becoming from want of food, that I contemplated inducing premature delivery, when nature stepped in and saved me the trouble. Accordingly, I was hastily summoned to assist her in labour, not long before a small, half-starved child (a girl) was ushered into the world, alive, with about an inch of funis attached to the navel. Not finding the other end within the vagina, I immediately introduced my hand into the uterus to search for it, and, if necessary, extract the placenta. In doing this, however, I encountered hour-glass contraction of the uterus, which at length yielding, I passed my hand up to, and extracted a placenta about the size of the palm of my hand, and of the consistence of a mere clot. So rotten, indeed, was it that when held up, one part would not support the weight of the other without giving way. It was also deeply jaundiced, of a yellow and green mottled appearance. The funis also, which was not above five inches long, and like a thread in one part, was so rotten that it would not support the weight of the placenta ; on making the attempt, it tore away at its insertion. No hemorrhage attended the extraction, nor did any precede or follow it, but the uterus contracted firmly upon the hand as it was being withdrawn.

The vomiting ceased for a time, but recurred occasionally, large quantities of bile being ejected; bile also occasionally passed in large quantities by the bowels, after which the jaundiced appearance gradually disappeared.

I should mention that my patient was subject to complete pro-

lapse of the uterus, which again appeared external to the pudendum on the second or third day after delivery, during a violent attack of vomiting; this was easily reduced and retained in its position by means of a sponge and napkins. Subsequently she wore a balloon pessary for a short time, since which it has not recurred, and she is now *quite* well. The child is still a "blight." It was wet-nursed by a woman who nursed her own child also.

Thinking you will consider the above case (in which jaundice, premature delivery, spontaneous rupture of a funis, which was unusually short and decomposed, a diminutive placenta, also decomposed and jaundiced, hour-glass contraction of the uterus, prolapsus uteri, absence of hemorrhage, and birth of a *live* child, occurred to the same patient), both interesting and worth recording, I beg to enclose it, and am, sir, your obedient servant,

CHARLES JONES, M.D.

Manchester-square, 26th September, 1850.

THE INSTITUTE.

LONDON, OCTOBER 5, 1850.

In the present number of THE INSTITUTE, being the first of a new weekly Medical Journal, we lay before the profession copies of the most recent public documents relating to the subject of MEDICAL REFORM. The Bill for the Incorporation of the General Practitioners in Medicine, Surgery, and Midwifery, introduced into parliament before the close of the last session, at the instigation of the National Institute at Hanover-square, with the latest correspondence between the Right Hon. Sir GEORGE GREY, the Secretary of State for the Home Department, and the Council of the Royal College of Surgeons of England, inserted in another part of the Journal, will sufficiently apprize our readers of the present state of medical politics. These memorials, particularly the correspondence between one of our Colleges and the Government of the country, are well fitted to recall to the reflecting mind, the legacy bequeathed to the world, by the age of barbarism which succeeded to the destruction of the Alexandrian Library, in the separation of mystical medicine and barber surgery. They indicate the bitter fruit which this nation is now reaping from the rank seed of ignorance and superstition sown by our ancestors, and they illustrate the disheartening contention entailed upon an enlightened age for the overthrow of error sanctioned by authority and prescription, and supported by egotism and devotion to the deity of selfishness.

In the letter addressed by the President of the College of Surgeons to the Government will be found the following remarkable passage in relation to the constitution of the Council of the College:—"The claims of surgeon-apothecaries, or general practitioners, to seats in the council, may be best appreciated by the fact that they are almost exclusively engaged in medical practice, and have few opportunities to practice surgery, and fewer inducements to cultivate it as a science." This imputation applies, and is intended to apply, to the fifteen hundred or two thousand surgeons at this moment engaged in Union practice; to nearly all the surgeons holding appointments to the various police forces in the country; and to the great body of general practitioners throughout the kingdom, engaged in private practice. On the part of the profession at large, we emphatically and indignantly deny the asseverations of the Council of the College of Surgeons. The passage quoted conveys three misrepresentations. 1st. As a rule, the general practitioners are not almost exclusively engaged in medical practice, inasmuch as the vast majority perform all the duties which devolve upon them as surgeons, and their practice embraces as great a proportion of Surgery as the practice of most of those individuals who style themselves *pure* surgeons. 2nd. The assertion that they have few opportunities to practice surgery is incorrect, inasmuch as a great proportion of the practice of a vast number is eminently surgical. 3rd. The assertion that they have fewer inducements to cultivate surgery as a science is an unjust imputation upon their professional zeal and humanity. These misrepresentations were made on the 22nd of last July to the Government; and, be it remarked, never to be forgotten, that they apply to the members at large of the Royal College of Surgeons—to the body of surgeons, whose education the Council claims the exclusive right to direct and control; whom the Council, under its seal, professes to have deliberately examined, and who are certified by the Council as competent to practice surgery. We are well aware that the Council has had the effrontery to announce publicly that the members of the College are educated to meet "the ordinary exigencies" of surgery only; but we assert, and we intend to prove to the Council of the College of Surgeons, in this journal, that the great body of the members of the College, are surgeons in spite of the Council.

Opportunities of returning to this subject will not be slow in presenting themselves; and on the present occasion we shall limit our reference to the conduct of the Council of the College, of late years, by a remark or two upon one other passage in the letter of the 22nd of July. The letter goes on to say, "The Council cannot suppose that Secretary Sir George Grey is disposed to disregard the charter granted by Her Majesty in 1843 to the College of Surgeons." We assert broadly that the Government of the country has no right to regard that charter, nor has it any right to regard the charter of 1800. Both were obtained without the assent or knowledge of the members at large; both were inimical to the interest of the members at large; both have tended to prejudice the progress and diffusion of surgical knowledge in this country; both have been injurious to the public interest, and hence entailed agitation, anarchy, hatred, envy, malice, and misery on the profession. It is satisfactory to observe that Sir George Grey, in his letter to the Council, significantly enquires of the Council, in "what relative position it is intended that gentlemen practising as general practitioners are to remain." We augur from this, that the Secretary of State pays less regard to the existing charters than the College desire; in which he is to be applauded. The Government of this country have no right to sacrifice the great interests of the community to the self-interest of a few Councillors, or to the real or imaginary interest of a select and limited class; nor to allow charters obtained by self-elected Councils to stand in the way of scientific progress and improvement. Sir George Grey has given an earnest, on more than one occasion, in the discussion of medical politics, that he is guided by enlightened views, and we have no doubt, on that ground, that this Journal will be able conscientiously to give him its most cordial support.

The provisions of the Bill introduced into Parliament by the general practitioners, as represented by the Council of the National Institute, are liberal and judicious. Some of its clauses no doubt require improvement or correction, but it is essentially a General Practitioners' Bill. It appears that the National Institute has been negotiating with the colleges and the Government for years, with the view of bringing about an amicable adjustment of professional differences upon the principle of mutual concession. It has failed. But the cause of the profession is not to be abandoned because of this failure.

According to the report issued by this body it appears that the parties deputed to represent the General Practitioners at the College of Physicians, in these discussions, found the colleges intractable and impracticable. The large and influential body of general practitioners, constituting the National Institute, and representing that great Association's interests, which, if we are rightly informed, has its ramifications all over the country, were not on this account to relinquish their efforts to obtain an amelioration of the evils under which they suffer. If they cannot act in concert with the colleges, they are in duty bound to act independently, and thus have judged rightly as to the introduction of this Bill into Parliament.

This Journal is not the organ of any party. The proprietors have felt it an incumbent duty to express at once their approval of the conduct of the Council of the National Institute, in this particular. The duty has been imposed by the fact, that the *Medical Times*, in its article of August 16th, has indulged in a disparaging commentary on the Bill and its promoters. The *Medical Times* attempts to prove that the Bill is against the interests of the College of Physicians and Surgeons, and accordingly impracticable. Be it so. Years of agitation have proved every Bill introduced by the Colleges of Physicians and Surgeons, inimical to the interests of the General Practitioners, impracticable also. The *Medical Times* would have the profession remain as it is—the masses spurned, insulted: but urged by the privileged and powerful few, aided and abetted by the journalism of the day, and this on the ground of their own impotency, the *Medical Times* misestimates the power of the General Practitioners. That power has never yet been fully brought to bear. We hope to see the day, and that not far distant, when the *Union* of the masses will confirm their STRENGTH. No effort of ours shall be wanting to effect this, and as former supporters of the *Medical Times* and General Practitioners, we can only say that we had a just right to expect better things from that journal.

The *Medical Times* has also impugned the desirableness of this Bill; and, in particular, the tenth clause, which has been framed for the purpose of promoting reciprocity of practice in the United Kingdom. We shall enter into the latter subject fully in a subsequent number, and content ourselves on the present occasion with the averment that we are not the supporters of this Bill; nor shall we support any measure whatever on party considerations. The general practitioners of this country are repudiated by our collegiate medical authorities, because they practise their profession upon the broad and inalienable principle of its scientific and practical UNITY. We give our most cordial support, and our most strenuous co-operation, in favour of any measure which is calculated to improve the education, to elicit the talent, to encourage the labours, and to promote the interests of that large proportion of the profession, upon which the PUBLIC WILL has imposed the duty of practising medicine and surgery as a profession, based upon ONE UNIVERSAL CODE OF SCIENTIFIC PRINCIPLES.

THE CORONER'S COURT.

IN the prospectus which announced the publication of the *Institute*, we placed among the more prominent objects to which our attention would be directed, a Reform of the Coroner's Court. And we do not think we can better initiate our labours, than by giving an outline of our views on this important subject.

The Coroner is as ancient a judge as any in the kingdom; his Court is coeval with the Court Leet and the *aula regis*; his duties could at one time only be cast upon "lawful and discreet knights," men of rank and wealth in the county. The Chief Justice of the Queen's Bench is Chief Coroner of England; in a word, the institution itself, a legacy of the sagacity of our Anglo-Saxon ancestors, has always been esteemed as of the highest utility, and is capable of rendering the most essential service to the community, if adapted to the increased requirements and advancing intelligence of our time.

We regard the Coroner's Court as the first step in that process of judicial investigation by which the lives of her Majesty's subjects are protected. It should be presided over by a person of competent and ascertained qualifications; its official arrangements should be of the most liberal character, not at the mercy of a capricious or unwise economy; and it should be able to command the best attainable evidence both of fact and science, together with all appliances necessary for the elucidation of truth and the detection of crime.

At present none of these conditions are adequately fulfilled. Neither in the appointment of the judge, nor in the arrangements of his court, nor in the power he exercises, will the public find reason to be satisfied.

First, as to his appointment. Nominally, there is a property qualification, but that is easily and constantly evaded, even were it worth anything as a test of merit. Actually, anyone may be elected to the office of Coroner—any attorney in small practice, anxious to increase his means and connexions; any country gentleman of limited income, who can by family influence or intrigue secure the sweet voices of the freeholders. No inquiry is instituted as to his medical or judicial knowledge; no certificate of study or experience is demanded; whatever may be his antecedents, he is eligible, and the consequence is, that, with comparatively few exceptions, this responsible office is filled by persons partially or wholly incompetent.

We hope not to be misunderstood. We do not desire to alter the basis of the appointment; we simply seek to erect upon the present foundations a more perfect superstructure. The office of Coroner is one of the few judicial offices that remain elective. Far be it from us to interfere with this principle. We will not enter upon the question whether the mode of election is the most suitable for judicial appointments; we believe it may be so modified as to answer every purpose we have in view; and, in reference to the office of Coroner, we would conserve the prerogatives of the electors intact and inviolate.

But what we do insist upon is, that the candidate for this office should exhibit something more than a nominal property qualification. The tendency of our age is to require fitness for the performance of every public function. Barristers of seven years' standing, Masters of Art, Members of this College, and of that—men who have received a special education or possess a special knowledge, alone can aspire to special public employments. We are not prepared to assert that these tests are invariably the best, but they indicate a general wish for the adaptation of the man to the office, and the standard of fitness is daily becoming more strict, and more elevated. Coroners, therefore, cannot expect to be exempt; and we are only following the dictates of an enlightened opinion, when we ask that the rule of fitness should be applied to them as it has been more or less efficiently applied to others.

We pause here not from lack of matter, for the subject is of large and elaborate interest, but for lack of space. The nature of a candidate's qualifications for the office of Coroner, as well as the other topics which we have opened up for the consideration of our readers, we shall discuss hereafter.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

In this department of the *Institute* we purpose to supply the General Practitioner with a compendium of the progress of Medical, Surgical, and Obstetrical Science and Practice, as recorded in the Medical literature of the day, British and Foreign. Our object will be especially directed to improvements available in actual practice. We shall number every article in a continuous series for each volume, and publish a general nosological reference at the termination of each volume. Accordingly, this compendium will exhibit no arbitrary distinctions whatever.

1. On the Presence of Fluorine in Blood and Milk. By Dr. G. Wilson.—In 1846, I announced to the Royal Society of Edinburgh, that, after finding that fluor spar was soluble in water, and occurred in many natural waters, I thought it well to seek for it in milk and in blood, and found distinct evidence of its presence in both. The proofs, however, were not so decisive as I would have wished. This summer, however, I have employed the fresh-drawn blood of the ox. About 24 imperial pints or 3 gallons of blood were made use of. From the large scale on which the experiment was conducted, and the simplicity of the process followed, the evidence in favour of the presence of fluorine in the blood of the ox seems unexceptionable; and it cannot be doubted that the blood of other animals will be found to contain the same element. I presume it to be present in the state of fluoride of calcium, and that its amount is very small; but I have not attempted its quantitative determination. Milk was examined in a similar way, with 9 imperial pints of rich milk from a country farm. The vapour which they evolved etched glass distinctly. The ashes of 12 lbs. of new skim-milk cheese, made this spring, treated in the same way, occasioned deep etching of glass. The ashes of 4 imperial pints of whey, treated in the same way, have barely marked glass, so as to show the faintest outlines when breathed upon. In all probability, the fluoride of calcium is associated with the phosphate of lime, and when milk is coagulated, separates along with the caseine. Dr. Wilson also stated, that he had repeated the inquiry into the solubility of fluoride of calcium in water, reported to the Association at its Southampton meeting, and with the same result—viz., that 16 fluid oz., or 7,000 grs. of water at 60°, dissolve 0·26 gr. of fluor of spar.—*British Association, at Edinburgh, July* 31, 1850.—*Chemical Gazette, Sept.* 16.

2. On the Excision of enlarged Tonsils, by James Syme, Esq., Professor of Clinical Surgery in the University of Edinburgh.—In the year 1821, during my residence in the Royal Infirmary of Edinburgh, as house surgeon, one of the female patients suffered from enlargement of a tonsil. After trying sulphate of copper, and similar applications, without success, I attempted the ligature, but without being able to accomplish it; and then, as the tumour was of no great size, resolved to remove it by excision, which was accordingly done very readily by means of a hook and curved scissors. This, so far as I know, was the first instance of a tonsil being cut out in Edinburgh. Next year I went to Paris, and there found M. Lisfranc, in his course of operative surgery on the dead body, treating excision of the tonsil as an established operation. He employed for the purpose a straight, narrow, blunt-pointed bistoury, of which the blade was sheathed, except for rather more than a inch from the point; and explained, that if the tumour was pulled inwards from the side of the fauces, or merely held steady in its natural position, the knife might be carried with perfect safety through its base, as the blade must then be parallel with the carotid artery, and at such a distance from it as to render any injury of the vessel quite impossible.

Much impressed with the advantages of the operation as thus performed, I endeavoured, on my return home, to promote its adoption; and having carried with me the forceps of Mayeux, placed them in the hands of Mr. Liston, who also ever afterwards did all in his power, by precept as well as example, to establish the practice. The counties of Perth, Stirling, Peebles, and Roxburgh, are very prolific of enlarged tonsils, and the success attending their removal by excision, soon brought patients from all parts of the country on both sides of the Tweed. Abundant opportunity has consequently been afforded for determining the merits of the operation, on the sure ground of extensive and long-continued experience.

In no instance has hemorrhage or any other unpleasant accident occurred. The feature concerned possesses so little sensibility, that the excision is accomplished with hardly any pain; and children, who are sometimes induced with difficulty to submit, in the first instance, seldom offer any objection to removal of the second tonsil. I never employ a speculum of any sort, even in the youngest and most obstreporous patients; the forceps sufficiently keeping down the tongue, and the wide opening of the mouth preparatory to the emission of a cry, affording ample space for the knife to act. In the whole course of my practice, I have only on two occasions failed in accomplishing the object in view, through the excessive size of the tongue and contraction of the mouth. The knife should possess a very keen edge, as the glandular substance is sometimes indurated, and a partial division of it would lead to great embarrassment, from the blood trickling into the pharynx, and causing such cough or convulsive efforts, as must render a fresh seizure of the tonsil next to impossible. I generally remove the left tumour first, and then the right one, by crossing my hands so as still to retain the knife in the right. The process is instantaneous, and the relief immediate. The bleeding seldom exceeds a tea-spoonful or two, and no other treatment is required.—*Monthly Journal of Medical Science, September*, 1850, *page* 225.

Dr. Tilt has lately published a work on "Diseases of the Ovary." He distinguishes these diseases from those of the Uterus, and shows their connection with derangement of the function of menstruation. The subject well deserves the consideration of every general practitioner. We cannot give a better practical illustration of Dr. Tilt's views, in a limited space, than by transcribing the following case, from page 121 of the work itself:—

3. Subacute Ovaritis, producing Sterility; Cure followed by Pregnancy.—(condensed). "When practising in Paris, in 1844, we were consulted by a gentleman, about thirty years of age, presenting every appearance of good health, who told us that his wife was in her twenty-fourth year—that, at the age of fifteen, she menstruated for the first time, but that this function had always been accompanied by pain, and was frequently irregular in the time of its appearance. He had been married five years, and since then the menstrual discharge had been more regular, but accompanied by a great increase of pain. She was seldom subject to hemorrhœa, but sexual indulgence was sometimes painful. For the last year, various means of medical relief had been tried, but with little success; her husband was induced to consult us, to inquire if there were any remedy for sterility. The lady presented all the appearance of a lymphatic constitution; she looked delicate, but was apparently in tolerable health; she did not expect to be unwell for the next fortnight, and she was not then in pain; but on rapidly depressing the ovarian region with the united tips of the fingers, we produced a pain similar to that she experienced when menstruating. On examining by vagina, we received an indistinct perception of a small tumour, which we took for the right ovary; but, on making a rectal examination, we distinctly felt both ovaries, each being swollen to about two inches, in the long diameter. They were painful on pressure. Having ascertained the tumified state of the ovaria, and their tenderness on pressure, and bearing in mind the previous history of the patient, we considered them sub-acutely inflamed. We determined, however, to do nothing previously to the next monthly period, so that we might judge of her sufferings, and have afterwards full three weeks to alleviate them. A few days afterwards she was suffering from all the symptoms of dismenorrhœa; the pain on pressing the ovarian regions was greater, and, on examining through the rectum, the ovaria were found still larger and more painful. When the period was over, we began the treatment by applying eight leeches over each ovarian region; the leech-bites being healed, we applied over the same region a blister, five inches in length; the cuticle was not removed, and three days afterwards, when the skin was healed, we ordered the same region to be carefully rubbed for ten minutes, morning and night, with a portion, about the size of a walnut, of the following ointment: Ung. hydrarg. ℥ j., ext. belladonnæ ℥ j., ext. hyoscyami ℥ j., camph. (solut. in spirit) gr. x.; the abdomen afterwards to be covered with flannel, without removing the ointment. We also prescribed enemata of aquæ camph. ℥ xv., aquæ lauri cerasi ℥ vi.; sometimes adding tinct. hyoscyami ℥ iii. A third of this quantity was injected into the rectum three times a-day, the chill having been first taken off, so that it might be as much as possible, if not entirely, retained. Due attention was paid to the regularity of the bowels, mercury being avoided, and saline purgatives preferred. For the first few days, until the blistered surfaces were healed, the patient left her bed only to recline on the sofa; afterwards she was allowed to take exercise as usual, and her strength was kept up by generous diet. Abstinence from the nuptial bed was strictly enjoined. On examining by the rectum a few days before the expected time, we found the ovaria

diminished in size, but still painful to the touch. The next menstrual period was accompanied by the usual dysmenorrhœal symptoms; but the patient said she suffered less than she had ever done since her marriage. When menstruation had ceased, we subjected her to exactly the same treatment, and her sufferings were again diminished during the ensuing menstruation. She submitted to the same course a third time; and on exploration, we found that the ovaries had resumed their usual size, and that pressure was not accompanied by pain. The third menstruation since the beginning of the treatment, was attended with little pain. We discontinued the leeches, blister and ointment, but advised the regular continuation of the enemata. We permitted cohabitation, at the same time recommending moderation to her husband. Four months after this our patient was pregnant, and in due time was delivered of a fine boy. *Remarks.*—The phenomena presented in this instance are not uncommon, as many of the cases called dysmenorrhœa are attended by them all. The treatment was, at any rate, rational: local depletion to diminish the ovarian congestion; blisters to break the chain of morbid nervous influences (fostered by the long habit of suffering) in the organs of ovulation; mercurial ointment, narcotic extracts, and camphor, to reduce the pain and vascular excitement. The enemata were administered with the same intention. In another case, the symptoms of dysmenorrhœa were evidently caused by marriage. The patient was a young and delicate female, in whom was found the same ovarian swelling,—similar treatment was employed, but we did not meet with an equal response in the way of attention to advice. Her pains were, however, diminished, but relapses occurred. She was under treatment for six months; and though she had been sterile for seven years, she shortly afterwards became pregnant. When residing at Rome, we were asked to attend a similar case; and we have since heard that the carrying out of our advice was followed by pregnancy, after six years of unfruitful marriage.

4. Case of Mulberry Calculus, of Seventeen Years' Standing, successfully extracted by the Lateral Operation. By John Paul, M.D., Fellow of the Royal College of Surgeons, England.—James Gordon, aged 22, became my patient about a fortnight before his admission into Guy's Hospital, Elgin, on the 12th April, 1850. He was then in a most deplorable condition, being confined to bed, and his urine dribbling from him with the most horrible agony. When it was collected there subsided a very large muco-purulent deposit. The urine itself was of average specific gravity, and about neutral. He had felt, he said, pain in making water since he was five years of age; still he pursued the usual occupations of boyhood, and learned to be a currier, at which business he worked till last February, when, it would appear, chronic inflammation of the bladder had set in. He was then incapacitated for work, and confined to bed. On my first seeing him he was much attenuated; his pulse was greatly quickened; tongue raw, red, and chopped. In a word, irritative fever, with all its accompaniments, was in rapid and destructive progress. On sounding him, a large calculus was at once detected.

On the 16th April he was brought fairly under the influence of chloroform, and the lateral operation performed. There was considerable difficulty experienced in introducing the forceps and seizing the stone, owing to the bladder being very firmly contracted round it. After the stone was laid hold of it slipped, as, owing to its rough and tuberculated surface, it did not lie well within the blades of the instrument. It was, however, laid hold of more readily a second time, and probably more precaution used in maintaining the grasp, when, not without some resistance, a large mulberry calculus was extracted. Succeeding to the operation, there was some depression, and in the course of a few hours he had about four ounces of brandy. As a diluent, he was ordered barley-water with the bicarbonate of potash, and was allowed beef-tea and arrowroot. In the evening he felt easy, but complained of thirst; urine came pretty freely by the tube.

17th. Has slept well, and expresses himself as being wonderfully easy. Pulse 110; less thirst; urine by tube copious. To have four ounces of port wine daily. Continue the diluent, beef-tea, and arrowroot. A bag containing chamomile-flowers, dipped in hot water, to be applied to the abdomen.

18th. Has slept well; perfectly free from any uneasy feeling; pulse, 110, no thirst. The tube is removed. There is copious wetting. To have eight ounces of wine daily.

19th. Has slept well; copious wetting; along with the urine a few bubbles of gas were observed to escape; feels easy. Wound to be kept clean.

20th. Feels perfectly well; tongue still very raw; pulse 96.

22nd. The wetting is copious, but portions of feculent matter are now passing from the wound. Some sloughing of the partition between the wound and rectum has taken place. The skin of the perineum is red and tender.

23rd. Pain in the wound has kept him from sleeping; pulse 105. No abdominal pain.

24th. Rather better; has had some sleep; pulse 86; appetite poor; bowels rather confined. To have infusion of senna, with manna.

25th. During last night, felt annoyed from the action of the medicine; purging still continues, though gentle; pulse 102. To have brandy instead of wine, and an opiate.

26th. Purgative given on the evening of the 24th. Still continues to act; is not so wet; the opiate to be repeated; omit beef-tea and barley-water; to have a beef-steak; pulse ranging from 110 to 124 during the night; in the morning it fell to 96.

27th. Slept soundly during the night for about seven hours; feels much better; tongue still raw and red; pulse 76; urine still flowing from the wound, which is granulating favourably.

29th. Pretty well; wound healing. Felt a desire this morning as if he would pass urine by the urethra.

31st. Much the same, some feculent matter passing in the tract of the wound.

June 3rd. Discharged from the hospital.

In about three weeks after leaving the hospital he went to the sea-side, where he rapidly improved in his general health, and began very soon to void the greater part of his urine by the urethra. At this time, 10th of September, he is in vigorous health, only, when he voids urine, he loses a small quantity through a small fistulous aperture, which communicates with the rectum. The fistula is evidently the result of the partition between the wound and rectum, being laid into one tract by sloughing, which was produced by the part being unavoidably bruised in extracting the stone. Whether this vesico-rectal fistula will close or not, is more than I can say. The urethra is much contracted about the bulb; and, to open it up, I have begun to introduce, every three or four days, a silver catheter, which I allow to remain in the urethra for about an hour. By-and-bye I intend to touch the part with the nitrate of silver; but, in the meantime, I shall carry into effect the full dilatation of the urethra, which may accomplish the healing of the fistula.

In reviewing this case, there are several features in it not unworthy of consideration from the operating surgeon. In the first place, it is evident that the patient had suffered from symptoms of stone for seventeen years,—a time which is remarkable not only for its length, but for the particular period of life at which it occurred.

Then the restoration to health by an operation, undertaken, it must be admitted, under circumstances very unpromising, is not to be overlooked. The quantity of pus in the urine, as well as the prostrate state in which the patient was, could not fail to be looked upon as unpropitious for operative procedure. But the diagnosis was, that it was the product of inflammation of the mucous coat of the bladder; and although, no doubt, much against a favourable result from lithotomy, ought not to be a barrier to the operation; whereas, if it had come from the kidneys, the removal of the stone could not have been undertaken with any prospect of success.

The calculus itself is a fine specimen of the mulberry variety, and is in the possession of Professor Syme. It weighs 1,492 grs., and is probably one of the largest mulberry calculi which have been extracted by operation. It is of slightly flattened oval form, measuring in length 2-4, and breadth 2-1 inches.—*The London Journal of Medicine, October*, 1850.

THE PHILOSOPHICAL GAZETTE.

In this department we propose to lay before our readers all those Philosophical improvements which have a direct bearing upon the Science and Practice of Medicine.

Poison of Lead — Dr. Scoffern's Patent. — The patent recently granted to Dr. Scoffern for improvements in the manufacture and refining of sugar, has again revived the question, as to how far health may become impaired, or disease engendered, by the continuous daily introduction into the stomach of extremely minute particles of lead, combined either with articles of diet, or dissolved in the water used for the purpose of cooking, or as a beverage. Assuming that no sane man would attempt to deny the baneful influence of the poison of lead, when admitted, unobserved and unsuspected, into the human body, the granting of Dr. Scoffern's patent, forces upon us the conviction, that of all sanitary measures for securing the health of the community, none are more necessary, from the direful consequences that attend upon their being neglected, than the preventing, by every possible means, even to the extent of heavy penal consequences, the em-

ployment of any poisonous ingredient, whether derived from the vegetable, mineral, or animal creation, in the manufacturing or refining of any article of human food, condiment, or beverage whatsoever. Dr. Scoffern's patent runs as follows:—

"*Patent granted to John Scoffern, for improvements in the manufacture and refining of Sugar, and in the treatment and use of matters obtained in such manufacture.*

"The improved mode of employing subacetates of lead for defecating saccharine solutions, is as follows:—The juice having been put into a suitable vessel of copper or iron, heat (by preference steam heat) is applied thereto, until the temperature is raised to 210° F., all the impurities being skimmed off as they rise to the surface. The juice is then boiled until its density (tested by Beaumont's saccharometer) has increased 1° above that previously indicated when the juice was at the same temperature. The source of the heat is then removed; and when the temperature of the juice has sunk just below the boiling point, the subacetate of lead is brought to the consistence of paste by the addition of water, and thoroughly mixed with the juice by stirring. The patentee states that the proportion of salt of lead which he has found to answer, is about one-sixth per cent. of the juice.

"The second part of the invention consists in using sulphite of lead in the manufacture of a white pigment. When sulphurous acid gas is introduced into saccharine solutions which have been treated with subacetates of lead, it combines with the lead and forms sulphite of lead, which precipitates. The patentee states that the sulphite of lead may be used with advantage as a paint, instead of white lead; it covers well, and does not blacken when exposed to hydrosulphuric acid. It is to be prepared and used in the same manner as white lead. This part of the invention is not confined to the use of sulphite of lead obtained in the manner just described, as sulphite of lead produced in any other way may be employed.

"Sealed February 21st, 1850."

We shall not, for the present, pronounce any opinion upon the means which Dr. Scoffern adopts for disinfecting the saccharine matter from the poison of the lead used in its purification, for the process has been very severely criticised, and as ably defended; and the controversy still continues, and is likely to continue for some considerable time, if we may judge from the tone of "attack and rejoinder." What we have to do is, to protest on behalf of the public, and that in the strongest manner, against the employment of Dr. Scoffern's process, until every known means for detecting the presence of lead in the products of his manufacture has been applied and severely tested; and that, in the event of the most minute particle of this deleterious mineral being found to be present in the manufactured article, then to insist upon its being abandoned *in toto*, as unsafe and injurious to the health of the community.

In connexion with this subject, we may state an opinion recently given by Mr. Herapath, the distinguished Bristol chemist, on the question "as to what quantity of lead may be taken by human beings without injurious effects?" He states, that a river in the west of England, the water of which was immemorially used by the inhabitants of a village on its banks, became impregnated with the refuse of a lead mine, and the consequences were, indigestion, loss of appetite and flesh, and colic. On analysis, the water was found to contain 1,500,000-th part of carbonate of lead, or one grain to nine gallons.

The extent to which the health of the inhabitants of London is endangered by the filthy water supplied to them, and the deleterious material of which nearly all the cisterns and water-pipes in ordinary use are composed, is beyond all human calculation; and to this cause, probably, more than to every other cause of evil combined, is to be attributed the greater mortality and inferior state of health of the inhabitants of great cities and towns, over those who reside in rural districts. But this is a monster evil, and will require reverting to on many more occasions.

Cause of the Green Colour of the Water of the Serpentine.—At a recent meeting of the Botanical Society of London, Dr. A. Hassall read a paper on this subject. In this communication, it was shown that the periodical and coppery-green colouration of the water of the Serpentine, is due to the presence of a minute plant belonging to the tribe of Algæ, of which the writer gave a detailed and critical description, and which he named Thompsoni. The development of this plant takes place early in the spring, out of sight, and at the bottom of the water; and it is only on the approach of the warm weather of summer, that it diffuses itself through the water, deeply colouring it, and that part of it rises to the surface, forming a scum or pellicle, of a bright æruginous or coppery-green colour. The whole of the water of the Serpentine is not usually coloured at one time, but different portions of it at different times, according to the strength and direction of the wind, which drives the plant before it. At one time it is found to collect at the Hyde-park extremity; at another it is present at the Kensington division; sometimes in the north, and at others on the south shore; the remaining parts of the Serpentine being entirely free from the plant. This variable distribution, which, unexplained, would be apt to occasion surprise, accounts for the fact that the observer may sometimes visit the Serpentine, and not see a trace of the plant in question; and hence might be led to form an erroneous conclusion as to the condition of the water. The observer, therefore, who wishes to come at its real state, should make the tour of the whole of the Serpentine. Considered in a sanitary point of view, Dr. Hassall is of opinion that the plant, when actually introduced into the system, as when swallowed in bathing, would not be productive of effects injurious to health, and regards it as a test of impurity, and as an evidence of the very bad condition in which the water of the Serpentine now undoubtedly is. Dr. Hassall concluded the communication by observing, that the colouration of large pieces of water by means of confervæ, is by no means unfrequent, and cited as a remarkable instance of it, the Red Sea, which derives its name and colour from the presence of a minute plant diffused through the water, of a blood colour.

The Indian Bael or Bela.—The unripe fruit of the Indian Bael or Bela (the Crætheva Mannelos of Linnæus), has recently been introduced into this country as a remedy for dysentry and diarrhœa. Its medicinal properties are stated to depend upon a peculiar astringent principle in some respects resembling tannin, combined with a large quantity of mucilage and aroma; and in the form of decoction it has certainly been found to possess considerable efficacy in those disorders. It may with propriety be placed in the catalogue of "Stomachic Remedies," and may be used with advantage in some cases of dyspepsia, as well as in those disorders for which it has been specifically recommended.

CORRESPONDENCE.

We are anxious to encourage correspondence to an unlimited extent on medical politics and medical science and practice, and we promise our friends that every communication we may receive shall meet with the most patient attention and consideration. It may not always be practicable to insert communications in the Journal. We shall endeavour to meet the views of our correspondents by such explanations, arguments, and discussions, in our leading articles, as the topics of the day may demand; and use a discretion, as journalists, of inserting such articles as we may consider necessary to be communicated to the profession generally, or well calculated to advance the public cause. We deem the following letter, from one of the most respectable members of the profession living, and one of the firmest friends of the general practitioner, so appropriate to the present undertaking, that we unhesitatingly give it insertion.

To the Editor of "The Institute."

Sir,—I have heard, from what I consider to be an authentic source, of your intention to establish a Medical Journal of a comprehensive character, having in view the communication of the earliest and best information as respects professional and scientific subjects, the discussion of whatever may concern the public health by sanatory regulation, as well as those measures of legislation which may be contemplated as affecting the medical profession.

These objects being kept steadily in view, and prosecuted with the ability which may fairly be expected, you will have the warmest wishes for success in your career of usefulness, of all those out of the profession, as well as of professional men themselves, who respect and approve your public-spirited, and patriotic motives.

With the requisite qualifications and industry, and guided by principles of truth and integrity, you will be rewarded by a successful course of publication.

The task you have undertaken is at the same time arduous, and you will no doubt require the co-operation and assistance of men

of kindred minds, who, animated by similar motives, will be willing to assist in carrying out the high and worthy objects which you contemplate.

Indeed, the countenance and assistance of gentlemen of the profession, who will be willing to be fellow workmen in your plan of operations, may fairly be expected; for you will no doubt have, as you will deserve, their warm approbation and cordial good wishes.

The truth of the trite maxim, that "union is strength," will be evinced by the power and number of your auxiliaries in so good a cause, and the contributions of friends in all departments of the profession, which you will no doubt desire, together with selections from the best medical periodicals of the continents of Europe and America, as also from their stock and standard books, will enable you to produce a medical periodical, conveying the newest science and the best practice, in the purest and best spirit of integrity and honour, by men of liberal and enlightened minds.

Permit me to add, that medical practitioners in the country, as well as in the metropolis, should be well informed of your intentions. The utmost possible publicity therefore should be given to your plans of operation, at the same time soliciting the cordial support of your medical brethren throughout the country.

Wishing you every success in a long course of usefulness, and of public and professional approbation,

I remain, sir, your friend and servant,
FIDO.

October 1st, 1850.

MEDICAL INTELLIGENCE.

(From the Registrar-General's Report.)

In the week ending last Saturday, the deaths registered in the metropolitan districts amounted to 981. Taking, for comparison, the deaths of ten corresponding weeks in the years 1840-9, the weekly average is 1,023, and this, with a certain proportion added for increase of population, becomes 1,116; the return of last week is therefore favourable, showing a decrease of 135. The present account is for the last week of the quarter, and it exhibits a larger contingent than usual of violent and sudden deaths, in consequence of a number of coroners' cases in arrear being now entered in the register-books. Of 71 deaths by "violence," 7 are ascribed to poison, 5 to burns and scalds, 13 to hanging and suffocation, 20 to drowning, 26 to fractures, wounds, and other injury. Six children were suffocated in bed, by overlaying or other accident; a man was suffocated on a lime-kiln; another by food, in a ravenous attempt to swallow it. A young man of 18 years committed suicide by loading an Italian iron and discharging it over his stomach. On the 12th of September, at 4, Goulston-court, Whitechapel, the daughter of a labourer, aged 4 years, died, according to the return of the jury, a "natural death," which, however, is further described in the verdict as "brought on by want and privation of necessaries." On the 27th of September, at the Alms-houses, Clapton, the widow of a gardener died from "age and decay," after a life of 103 years. It is mentioned by Mr. Steib, the registrar, that she had been an inmate of one of Bishop Wood's almshouses for 34 years, and enjoyed good health till within a fortnight previous to her death. She also retained her mental faculties to the last.

Last week, the deaths enumerated in the zymotic or epidemic class of diseases, were 198. This is a lower number than in any corresponding week since that of 1846, when there were only 157. In the same weeks of the three subsequent years, the deaths in this class were 340, 395, and (in 1849) 782. The epidemics incident to childhood prevail less fatally than usual, with the exception of hooping cough, the mortality from which amounted to 28 deaths, and is about the average. Diarrhœa was fatal in 57 cases, but it does not exceed the average of this period. From cholera 4 deaths were registered, and the particulars are as follow:—

In Marylebone, Rectory sub-district, at 7, Barrett's-court, on the 25th of September, a stableman, aged 50 years, died of "cholera." Mr. Joseph, the registrar, adds, that "the deceased had not been in sound health, having broken a blood-vessel a short time previously. He was ill 4 days with diarrhœa and cramp, but had no vomiting. The houses in the court are densely occupied, and anything but well cleansed."

In Marylebone, St. John's, at 36, Henry-street East, on the 25th of September, the wife of a labourer, aged 65, died of "cholera (7 days), fever (5 days)."

In Mile-end New Town, in the Metropolitan Lodging-house, Buxton-street, on the 23rd of September, the widow of a farmer, aged 66, died of "English cholera (3 days)."

In Ratcliff, at 1, Garden-place, Bere-street, on the 17th of September, the son of a gas-work stoker, aged 1 year, died of "diarrhœa (3 days), cholera (24 hours)."

The births of 750 boys and 723 girls, in all 1,473 children, were registered in the week.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29,680 inches. The mean daily temperature varied little during the week. The mean of the 7 days was 56.7, which is 3° higher than the average of the same week in 7 years. The temperature of the Thames was about 57°.

UNIVERSITY OF ST. ANDREW'S.

List of Gentlemen who had the degree of M.D. conferred upon them on the 3rd of August, 1850.

William David Adams, M.R.C.S. Ed., Edinburgh.
John M. Bellendon, L.S.A. England, and M. Fac. P. and S. Glasgow, Staffordshire.
G. Phillips Bevan, Breconshire.
Walter Thompson Boddy, M.R.C.S. England, London.
John Young Brown, M.R.C.S. Ed., Canada.
John Campbell, M.R.C.S. England, L.S.A., Bradford, Yorkshire.
William Simpson Craig, M.R.C.S. Ed., Edinburgh.
John Thomas Dolman, M.R.C.S. England, L.S.A., Yorkshire.
William Dean Fairless, M.R.C.S. England, Hoxham, Northumberland.
Richard Forde Foote, M.R.C.S. England, Faversham, Kent.
Joseph Wilcox Haddock, D.A.C. Bolton-le-Moors, Lancashire.
Joseph Hewitt, M.R.C.S. England, L.S.A., Ipswich.
Thomas Cole Higgs, L.S.A. St. George's, Bermuda, West Indies.
James Harvey Lilley, M.R.C.S. England, L.S.A., Wisbeach, Cambridgeshire.
Andrew Lorimer, Dumfriesshire.
John Lyell, M.R.C.S. Ed., Newburgh, Fifeshire.
Henry Made, M.R.C.S. England, L.S.A., Clovelly, Devon.
Robert Slater Mair, M.R.C.S. Ed., Renfrewshire.
Charles Robins Maxwell, M.R.C.S. England, Middlesex.
Alfred Peskett, M.R.C.S. England, L.S.A., Petersfield, Hants.
Benjamin Francis Popham, M.R.C.S. Ireland, Dublin.
Robert Rooke Prance, M.R.C.S. Ed., Hampstead.
William Richardson, M.M., M.R.C.S. England, London.
Robert Ripley, M.R.C.S. Ed., Whitby, Yorkshire.
Edward Scanlan, M.R.C.S. England, London.
John Thomas Small, M.R.C.S. Ed., Toronto, Canada.
Alex. Macfie Smith, M.R.C.S. Ed., Lanarkshire.
Hugh Thomson, M.R.C.S. Ed., Renfrew.
George Brown Turner, M.R.C.S. England, L.S.A., London.
Henry Noble Watson, L.S.A., Clitheroe, Lancashire.
James Whitehead, F.R.C.S. England, Manchester.

August 5th, 1850.

DOCUMENTS RELATING TO MEDICAL POLITICS.

A BILL FOR THE INCORPORATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

[*29th July*, 1850, 13 *and* 14 *Vict.*]

[Note.—The words printed in *Italics* are proposed to be inserted in the Committee.]

Whereas there are many persons practising the medical profession in England and Wales, not being of the degree of physicians, who combine the practice of medicine, surgery, midwifery, and pharmacy: And whereas all persons, other than physicians, who are desirous of becoming duly authorized by law to practice medicine, surgery, and pharmacy in England or Wales, are required to present themselves before the Royal College of Surgeons of England, for examination as to their fitness and capability "to exercise the art and science of surgery," and such persons (if they were not actually practising as an apothecary on the first day of August one thousand eight hundred and fifteen, or have not acquired the right of practising as an apothecary by virtue of an Act passed in the sixth year of the reign of King George the Fourth, intituled "An Act to amend and explain an Act

of the fifty-fifth year of his late Majesty, for better regulating the practice of apothecaries throughout England and Wales,") are also required to present themselves before the Court of Examiners of the master, wardens, and society of apothecaries of the City of London, for examination as to their "skill and abilities in the science and practice of medicine," and their fitness and qualification to practice as an "apothecary," and such persons, upon obtaining the diploma of the said College of Surgeons, are "authorized to practice the art and science of surgery," and, upon obtaining a certificate of qualification to practice as an apothecary from the Court of Examiners of the said master, wardens, and society of apothecaries, are entitled to practice as an apothecary: And whereas very many persons who have obtained such diploma and certificate of qualification practice the art or science of midwifery; but no adequate provision has hitherto been made by law for ascertaining the skill and abilities of those who practice the said art or science: And whereas persons, not being of the degree of physicians, who have obtained such diploma as aforesaid, and have also obtained such certificate of qualification as aforesaid, or are otherwise authorized by law to practice as an apothecary, are known to the law as surgeons and apothecaries, and have also been heretofore commonly known and designated as "surgeon apothecaries," and have been of late years better known and distinguished by the name and title of "general practitioners:" And whereas the necessities of a large portion of the population of England and Wales imperatively require the existence of a well-educated and numerous class of persons competent to practice all branches of the medical profession, and to minister to the sick in all emergencies: And whereas, in order the more effectually to promote and encourage the study of medicine, surgery, and midwifery, and to provide an adequate supply of such well-educated and well-qualified medical and surgical attendance for all classes of the population in England and Wales, it is expedient that the surgeon apothecaries or general practitioners should be united into one body politic and corporate, with power to appoint a Court of Examiners to examine all persons who shall hereafter desire to practice as "surgeon apothecaries" or "general practitioners," as to their competence to practice in that capacity, and to grant or withhold letters testimonial of the fitness and qualification of such persons to practice as surgeon apothecaries or general practitioners: And whereas there are now practising in England and Wales as surgeon apothecaries or general practitioners divers persons who have obtained the diploma of the College of Surgeons of England, but who have not obtained a certificate of qualification to practice as an apothecary from the Court of Examiners of the master, wardens, and society of apothecaries, and are not otherwise authorized by law to practice as an apothecary in England or Wales, and divers other persons, who have obtained such certificate of qualification as aforesaid, or are otherwise authorized by law to practice as an apothecary in England or Wales, but who have not obtained the diploma of the College of Surgeons of England, and are not otherwise authorized by law to practise the art of surgery in England or Wales, and divers other persons, who are not authorized by law to practise either as surgeons or apothecaries in England or Wales, but who are legally authorized to practise either as physicians, surgeons, or apothecaries in some other part of the United Kingdom; and it is expedient that such several persons should, under certain restrictions, be admitted into the said body corporate: And whereas such incorporation would tend materially to improve the statutes of the general practitioners, to supply the medical wants of a very large proportion of the rural population, and improve the sanitary condition of the working classes generally, by sending forth practitioners duly qualified by a general examination in all the several branches of medicine, surgery, and midwifery: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, that the whole of an Act passed in the fifty-fifty year of the reign of King George the Third, intituled "An Act for better regulating the Practice of Apothecaries throughout England and Wales," except so much of the said Act as confirms such parts of the letters patent granted by King James the First to the master, wardens, and society of the art and mystery of apothecaries of the city of London as were not repealed by the said Act, and also an Act passed in the sixth year of the reign of King George the Fourth, intituled "An Act to amend and explain an Act of the fifty-fifth year of his late Majesty, for better regulating the practice of apothecaries throughout England and Wales," but so as not to revive any Act or Charter repealed by the Acts hereby repealed or any of them.

II. And be it enacted, That and now lawfully practising as surgeon apothecaries or general practitioners, and every person qualified as herein-after provided, who, within the times respectively for that purpose herein-after limited, shall cause his name to be enrolled as a member of the College hereby constituted, or who shall at any time hereafter be chosen as herein-after mentioned, shall be incorporated into one body corporate and politic by the name of "The Royal College of General Practitioners in Medicine, Surgery, and Midwifery of England," and by that name shall have perpetual succession in all time coming, and shall and may sue and be sued, plead and be impleaded, in all Courts, and before all Justices and others.

III. And be it enacted, That the said Body Corporate or College shall and may have and use a common seal for their affairs, with full power from time to time, at their will and pleasure, to break, alter, or make anew the same.

IV. And be it enacted, That the said College shall provide and have a common Hall in London or Westminster or elsewhere in the county of Middlesex, and shall at all times hereafter be capable in law to buy, take, hold, and enjoy, for their own use, any hereditaments, so that the yearly value of the whole thereof do not exceed five thousand pounds sterling at the time or several times of acquiring the same, and from time to time to sell, exchange, demise, and mortgage such hereditaments, at their will and pleasure.

V. And be it enacted, That the said College shall consist of an unlimited number of members, and shall be governed by a president and a council.

VI. And be it enacted, That every person who was actually practising as an apothecary on the first day of August one thousand eight hundred and fifteen, or who before the passing of this Act shall have acquired the right of practising as an apothecary, by virtue of the Act of the sixth year of the reign of King George the Fourth, herein-before mentioned, and also every person who before the passing of this Act shall have obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Society of Apothecaries of the city of London, and also every person at the time of the passing of this Act actually practising as a surgeon or apothecary, or practitioner in medicine, surgery, or midwifery, in England or Wales, being a fellow or licentiate or extra licentiate of any of the Royal Colleges of Physicians of England, Scotland, or Ireland, or a fellow, member, or licentiate of any of the Royal Colleges of Surgeons of England, Scotland, or Ireland, or a member of the Faculty of Physicians and Surgeons of Glasgow, or a doctor or bachelor in the Faculty of Medicine of any University of the United Kingdom of Great Britian or Ireland, shall be entitled, at any time within twelve calendar months next after the passing of this Act, if at the passing thereof he shall be resident in the United Kingdom, but if not resident therein at such time, and not of the class herein-before required to be actually practising in England or Wales at such time, then at any time within two years after the passing of this Act, to cause his name to be enrolled as a member of the said College, on payment to the said College of the fee of for the use of the said College, and on being so enrolled he shall become a member of the said College and body corporate.

VII. And be it enacted, That the names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications, who within the first calendar month next after the passing of this Act shall severally signify, in writing under their hands, addressed to the registrar of the said College, at the common hall thereof, for the time being, their desire of becoming members of the said College, shall, within the calendar month next ensuing the end of such first month, be set forth on a schedule, and one general diploma, under the seal of the said College, which diploma and schedule shall be enrolled in the High Court of Chancery within *two* calendar months after the seal of the said College shall have been affixed thereto, and the order of the names contained in the said schedule shall be according to the priority of the dates of the several qualifications by virtue of which each person shall have been admitted a member of the said College, without discrimination of the several kinds of qualification herein-before enumerated; and in all cases in which the order of precedence of any names shall appear to the council of the College to be doubtful, according to the foregoing rule, the doubtful matter shall be settled by the council, either by lot or in such other manner as to the council shall seem expedient; and the names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications who in the course of the second and every following calendar month, until the end of the *twelfth* calendar month after the passing of this Act, shall signify their desire of becoming members as aforesaid, shall, within *one calendar month* from the end of each such month, be set forth in like manner in schedules to successive general diplomas of the like kind, each containing the names of all the applicants of that month, and each of which shall be enrolled in like manner in the High Court of Chancery within *two* calendar months after the seal of the College shall have been affixed thereto; and the order of the names contained in each schedule shall be settled in like manner as is provided respecting the names in the schedule to the first general diploma; and the admittance of every other member shall be by separate diploma under the seal of the said College, in such form as the council of the College shall from time to time think fit and direct, which several diplomas shall bear date respectively at the time when the same shall be granted, but as respects those granted during the first two years before mentioned, shall only take precedence according to their respective priorities next after the general and special diplomas: Provided always, that the special diplomas of every person entitled to enrol himself as a member by virtue of any of the foregoing qualifications, who shall apply to be enrolled after the expiration of the said *twelve* calendar months, under favour of the extension of time herein-before granted to certain persons not resident in the United Kingdom at the time of the passing of this Act, may recite the date of the qualification by virtue of which such person shall be admitted a member, and the cause of postponement of the grant of such diplomas, and for all purposes of precedence or standing among the members of the said College all such members shall rank next after those mentioned in the said last general diploma, according to the date recited in such respective separate special diplomas.

VIII. And be it enacted, That, except as herein-before and herein-after mentioned, no person shall become or be admitted a member of

the said College until after he shall have attained the age of twenty-two years, and shall also have complied with such rules and regulations as the council of the said College shall from time to time consider expedient, and by a bye-law or bye-laws direct, nor unless he shall have passed such examination or examinations as the said council shall from time to time by a bye-law or bye-laws direct to be undergone by candidates for admission into the said College; but every fit and proper person, having attained such age, and having complied with such rules and regulations, and passed such examination or examinations, shall be entitled to be admitted a member of the said College.

IX. And be it enacted, That the fee to be paid on the admittance of every such new member as last aforesaid shall be any such sum not exceeding the sum of as the council of the said College shall from time to time fix by a bye-law.

X. And be it enacted, That the council shall have full power from time to time to admit into the said College as members thereof, without examination, but on payment of such a fee as they shall from time to time think fit, but which shall not exceed that which shall be payable by those admitted after examination, any of the persons following (that is to say): Doctors or Bachelors of Medicine who shall have obtained their degrees from any University in the United Kingdom entitled to grant degrees; Graduates or Licentiates of Medicine of the several Universities of Oxford and Cambridge, and Members of the Royal College of Physicians in London; provided nevertheless, that in all these cases the candidates for admission shall have attained his age of *twenty-two* years, and shall be able to adduce evidence satisfactory to the council that he has been engaged for at least *five* years in a course of professional study embracing all the subjects on which an ordinary candidate for admission into the College would be examined, and also that the examination which he underwent by his degree or licentiateship was of a standard at least as high as that of the examination imposed by the College of General Practitioners on ordinary candidates.

XI. And be it enacted, That a register shall be kept by the council of the said College, in a book or register to be kept for that purpose at the common hall of the said College, or at such other place for the time being as the said council shall direct, of all persons who from time to time shall be so enrolled or admitted members of the said College as aforesaid, in alphabetical order, with their several places of abode and dates of their diplomas or letters testimonial, and also such other particulars, if any, as the said council shall from time to time think it desirable to register; and as soon as conveniently may be after the expiration of *six* months from the passing of this Act the council shall cause a copy of such register to be printed and published, and shall also in every subsequent year, in the month of March, cause a similar copy of such register to be printed and published, except as herein-after restricted.

XII. And be it enacted, That every person whose name shall have been so registered and published, and who shall be desirous that his name shall be continued in the published register, shall, in the month of February in every year, send to the council of the said College his name and place of abode, and change of residence, if any, with the date of his diploma or letters testimonial, or in default thereof his name shall be omitted by the said council from the next published copy of the said register; and a printed copy of the said registry for the time being so published by or under the direction of the said council shall be evidence in all courts, and before all justices and others, that the persons therein specified are duly registered under this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person is not registered under this Act.

XIII. And be it enacted, That the council of the said College shall consist of forty-eight of the members of the said College, of whom not less than twenty-four shall reside within ten miles, by highway or road, from the General Post-Office in the city of London.

XIV. And be it enacted, That the before-mentioned shall be the first president of the said College, and shall continue as such president until the last Wednesday in the month of *one thousand eight hundred and* and thenceforth until his successor shall be elected as herein-after provided, and he shall then go out of office, but shall be forthwith re-eligible; and on the last Wednesday in the month of *in the year one thousand eight hundred and* and on the last Wednesday in the month of in every third succeeding year, the council of the College shall meet in the common hall for the time being of the said College, or in such other place as the said council shall from time to time direct, and shall elect a president from those members who are qualified to be elected president as herein-after provided; and every president so elected shall continue to be president for *three* years, and until his successor shall be appointed, and shall then go out of office, but shall be forthwith re-eligible; and the president for the time being shall always be considered as a component part of the council.

XV. And be it enacted, That shall be the first members of the said council resident within such ten miles as aforesaid, and shall be the first other members of the said council, and such members shall all continue of the council until the several days and times herein-after mentioned, and until the successors of those who shall then be the members to go out of office shall be elected; and on the last Wednesday in the month of in each of the years *one thousand eight hundred and* *one thousand eight hundred and* *one thousand eight hundred and* *one-third* of the members resident within such *ten* miles as aforesaid, and one-third of the other members of the said council herein-before named, shall go out of office, in the order in which the council shall in each of such years appoint among themselves, and shall not be re-eligible on the council until the year following that in which they shall go out of office.

XVI. And be it enacted, That the council shall be hereafter elected by a majority of the votes of such members of the College for the time being as at the time of such election shall either have been for *five* years members of the said College, or shall have possessed the diploma or licence by virtue of which they shall be members of the said College for at least five years before the day of election, and such members shall be entitled to give their votes either personally, or by proxy in writing, according to such regulations as the council shall establish by any bye-law; and on the last Wednesday in the month of *in the year one thousand eight hundred and* and on the last Wednesday in the month of in every following year, such of the members of the College as shall for the time being be entitled to vote as aforesaid shall meet in the common hall for the time being of the said College, or in such other place as aforesaid, and shall elect, from those members who shall be qualified to be elected as hereafter provided, eight persons resident within ten miles as aforesaid, and eight other persons, to be members of the said council, and every such member so elected shall continue of the council for three years, and until his successor shall be elected: provided always that those who shall be elected as members of the council resident within ten miles as aforesaid shall reside within ten miles by highway or road from the General Post-Office in the city of London, during the whole of the said *three* years, or in default of his so doing he shall cease *ipso facto* to be a member of the council, but without invalidating any Acts in which he may have concurred after ceasing to be such member.

XVII. And be it enacted, That the council for the time being shall nominate from time to time, in such order as they shall think fit, three vice-presidents from the members of the council, and the vice-presidents shall continue to hold office during the presidentin whose presidency they shall have been appointed, if they shall so long continue members of the council, and if not their place shall be filled up by the council for the time being; and in every case of the vacancy of the office of president in any manner other than by regular rotation the first-named or senior vice-president for the time being shall have all the powers of president until another president shall be appointed.

XVIII. And be it enacted, That no one shall be qualified to be elected president or a member of the council of the said College, unless at the time of such election he shall either have been for *fifteen* years a member of the said College, or unless he shall have possessed the diploma or license by virtue of which he shall be a member of the said College for at least *fifteen* years before the election.

XIX. And be it enacted, That whenever any vacancy shall happen either in the presidency or among the members of the council in any other way than by regular rotation as aforesaid, such vacancy shall be filled by the election by the council, upon some early and convenient day to be fixed by them for that purpose, of a substitute instead of the person by whom the vacancy shall have been made, and every such substitute shall continue a president or a member of the council until the time when the person in whose stead he shall be chosen would have gone out of office in regular rotation; and whenever such vacancy shall have been made in the council by a member resident within such ten miles as aforesaid, the substitute shall be a person resident within such ten miles as aforesaid: Provided always, that any such substituted member of council who shall have been elected less than twelve calender months before the time when the member in whose stead he shall have been elected would have gone out of office in regular rotation shall be eligible for immediate re-election on the council.

XX. And be it enacted, That if it shall happen that any election of a president or of any member of the council shall not be made on the respective days herein-before appointed for that purpose, the person or persons then filling the said office or offices shall continue to fill the same until another person or persons shall be appointed thereto; and the president or any vice-presidents of the said College shall, in the manner to be prescribed by the said council, call a meeting of the members of the said College entitled to vote as aforesaid, or of the council, as the case may be, who shall thereupon elect a person or persons to fill the said office or offices so vacant, in like manner as if such election had taken place on the day or respective days herein-before fixed for that purpose.

XXI. And be it eacted, That the Council shall have the sole and entire management of the College and of the funds and property thereof, and shall have power to grant diplomas or letters testimonial to all persons admitted into or enrolled in the said College, and to make bye laws, rules, and orders for the regulation and government of the College, and of the members and affairs thereof and for the conduct of the candidates for admission into the College, and for directing the course of study to be followed, and the particulars of examination to be undergone by candidates for admission into the College, and for imposing reasonable penalties, fines, and amerciaments for non-performance of or for disobedience to the same bye-laws, rules, and orders, and such bye-laws, rules, and orders, penalties, fines, and amerciaments, or any of them, from time to time to alter, change, or [annul, so that all and singular such bye-laws, rules, orders, penalties, fines, and amerciaments be not repugnant or contrary to the laws or statutes of this realm or to the provisions of this Act; and the council may from time to time appoint, and at their pleasure may remove, a treasurer, and a registrar

and secretary of the said College, and may also appoint, and at their pleasure may remove, such other officers, clerks, and servants as may from time to time be necessary for the service of the College, and shall fix their respective duties and salaries.

XXII. And be it enacted, That a general meeting of the members of the said College entitled to vote as aforesaid shall be held within the space of six calendar months after the passing of this Act, at such time and place as the council shall appoint, for the purpose of considering and reviewing such bye-laws, rules, and orders as shall be made before that time by the said council, and of confirming, altering, or annulling the same, as to the same meeting shall seem expedient; and that afterwards an annual meeting of the said members shall be held in the month of in every year, for the like purpose, as regards subsequent bye-laws, rules, and orders, at such time and place as the said council shall direct; and that other general meetings may be held from time to time as occasion may require and the council shall direct; and that at all general meetings the president of the said college, if present, and if not, the senior or only vice-president present, or if they shall all be absent, some member of the council to be chosen by the members of the College present, or if all the members of the council present shall be absent, some other member of the College to be chosen by the members present, shall preside as chairman, and have a second or casting vote.

XXIII. And be it enacted, That no bye-law, rule, or order so to be made and confirmed as aforesaid, shall be of any force until a copy thereof, sealed with the seal of the said College, shall have been laid before and approved by Her Majesty's Principal Secretary of State for the Home Department.

XXIV. And be it enacted, That it shall be lawful for the said council to make regulations for insuring that in every city and town possessing a medical or surgical school an annual register shall be kept of all students of the several medical and surgical schools, whether connected with any university, royal college, hospital, or other public medical or surgical institution in that city or town, and authorize the taking of a fee for such registration, not being more in each case than *two shillings and sixpence* for such annual registration, and for requiring all such fees to be remitted to the said council, and returns to be made to them of the registration of all such students, in such manner and form as the said council shall think fit; and all such fees shall be applied towards the expenses of the Act; and no medical nor surgical student shall be admitted to examination by the said college or council without certificates of his having been duly registered conformably to such regulations; and that it shall be lawful for the said council to make regulations for dispensing with such provisions of this Act as to them shall seem fit in favour of medical and surgical students who shall have commenced their professional studies before the passing of this Act.

XXV. And be it enacted, That the council shall annually appoint examiners for the purpose of examining those who may be candidates for admission into the said college, and to be enrolled and registered as aforesaid; but no president or member of council shall be eligible to be appointed an examiner; and that at all examinations either the president, or one of the vice-presidents, or in their absence some member of the council, to be from time to time appointed by the council for that purpose, shall be present, and shall preside, but he shall not interfere in the examination, or have any voice in the admisssion or rejection of candidates.

XXVI. And be it enacted, That if it shall, at any time hereafter, appear that any member of the said college shall have obtained his diploma by any fraud, false statement, or any imposition, or that either before or after obtaining such diploma he shall have been convicted of felony, or of having wilfully and knowingly given a false certificate in any case in which the certificate of a medical practitioner is required by law, or shall have wilfully violated any bye-law, rule, or regulation of the said college, then and in every such case, and after such previous notice to or such hearing of such member as, under the circumstances of the case, the council shall think proper, it shall be lawful for the council, with the concurrence of not less than *three-fourths* in number of the members of council present at a meeting lawfully summoned for the purpose, to pass such censure or sentence of suspension against the person so offending as to the council shall seem meet, or wholly to expel such member from the college; and upon any such sentence of suspension or expulsion such member shall cease to be a member of the college, either absolutely or for such time as shall be specified in the sentence of expulsion, and all the privileges granted to such member shall cease and be determined upon such expulsion or during such suspension, and the said council shall be at liberty to erase the name of such member from the said register; and every such member shall not be entitled to have his name again inserted in any register or published copy without the special licence of the said council.

XXVII. And be it enacted, That, subject to the reservations hereinafter contained, no surgeon apothecary or general practitioner, after the passing of this Act, who is not registered by the said council, shall be appointed to any medical or surgical office for the relief of the poor, or in any hospital, prison, infirmary, dispensary, school, workhouse, or other public institution in the said United Kingdom; and whenever by law it is provided that any Act shall be done by a physician, surgeon, or apothecary, or medical or surgical practitioner, by whatever name or title called, such provision shall be construed, after the passing of this Act, to mean a person being either a member of the Royal College of Physicians of England, or the Royal College of Surgeons of England, or being registered under this Act; and the council shall be empowered from time to time to make regulations for specifying what institutions are to be considered public institutions, and what offices in them are medical and surgical offices within the meaning of this Act; and that all persons who shall be registered by the said council as surgeon apothecaries, or general practitioners shall be exempt, while registered and practising as such, from being summoned or serving on all juries and inquests whatsoever, and from serving all corporeal, parochial, ward, hundred, and township offices; and no surgeon apothecary or general practitioner shall be entitled to such exemption who is not so registered; nor shall the certificate of any such unregistered person, given after the *passing of this* Act, be received as the certificate of a surgeon apothecary or medical or surgical practitioner in any court of law, or in any case by which by law the certificate of a surgeon apothecary or medical or surgical practitioner is required.

XXVIII. And be it enacted, That all persons who shall be registered as surgeon apothecaries or general practitioners by the said council, shall be entitled to demand and take reasonable fees for medical and surgical advice and attendance, and for medicines prescribed or administered by them to their patients, throughout Great Britain and Ireland, and in all other parts of her Majesty's dominions, without other licence than such registry; and that, after the *passing of this Act*, no person shall be entitled to recover any charge in any court of law for any medical or surgical advice, attendance, or operation, or for any medicine prescribed or administered by him, unless he shall prove upon the trial, either that he is registered as a surgeon apothecary or general practitioner under this Act, or that before the passing of this Act he was legally practising or entitled to practise in the capacity in which he claims such charge, and if this Act had not been passed would have been entitled to recover such charge in that capacity.

XXIX.—And be it enacted, That every surgeon apothecary or general practitioner appointed after the *passing of this Act* to any medical or surgical office for which he is not qualified according to the provisions of this Act, and who shall wilfully or knowingly act or practice in such office, shall for every such offence forfeit the sum of *twenty pounds*, to be recovered by action of debt or information to be brought in any of her Majesty's Courts of Record at Westminster, or in any County Court, or in the Court of Exchequer in Scotland or in Dublin, within *six* calendar months next after the commission of the offence in the name of her Majesty's Attorney-General in England or Ireland, or of the Lord Advocate in Scotland.

XXX. And be it enacted, That every person who after the *passing of this Act* shall act or practise as a surgeon apothecary or general practitioner in any part of England or Wales without having been registered as aforesaid, or shall falsely pretend to be so registered, or assume any title as so registered, shall for every such offence forfeit and pay the sum of *twenty pounds*, to be applied to the use of the said College of General Practitioners in Medicine, Surgery, and Midwifery, and to be recovered by the said college by action of debt in any of her Majesty's Courts of Record at Westminster, or in any County Court, or shall be punished by imprisonment, as the Court before which he shall be convicted shall award; provided nevertheless, that nothing in this Act contained shall extend to render any person liable to any penalty for acting or practising as an apothecary in any part of England who was actually practising as an apothecary on the first day of August in the year one thousand eight hundred and fifteen, or who before the passing of this Act shall have obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Society of Apothecaries of the City of London, or who shall have acquired the right of practising as an apothecary by virtue of an Act passed in the sixth year of the reign of King George the Fourth, intituled "An Act to amend and explain an Act of the fifty-fifth year of his late Majesty, for better regulating the practice of apothecaries throughout England and Wales."

XXXI. And be it enacted, That in the construction of this Act the expression surgeon apothecaries or general practitioners shall extend to include and mean all qualified persons practising the science and practice of medicine as an apothecary, or the art and science of surgery and the science or practice of medicine, conjointly with or without the art or science of midwifery; and that the word "council' shall mean the president and council for the time being; that words importing the singular number shall include the plural, and that words importing the plural number shall include the singular.

XXXII. And be it enacted, That this Act shall be a public Act, and shall be judicially taken notice of as such.

XXXIII. And be it enacted, That this Act may be amended or repealed by any Act to be passed during the present Session of Parliament.

Correspondence between the Right Hon. Sir George Grey, Her Majesty's principal Secretary of State for the Home Department, and the Council of the Royal College of Surgeons of England.

Whitehall, 12th June 1850.

Sir,—I am directed by Secretary Sir George Grey to acquaint you that your letter of the 26th April, and the communication which accompanied it, addressed to him on behalf of the Royal College

of Surgeons in England, and the resolution agreed to by them, have received careful consideration ; and it appears to him desirable that the attention of the Council should be drawn to the following points, viz.:—

The resolutions propose to exclude from the Council every fellow of the College who has directly or indirectly practised pharmacy ; and further, every fellow who resides at a greater distance than five miles, by highway or road, from the General Post-office at St. Martin's-le-Grand.

It appears that these two conditions will necessarily exclude from the Conncil all fellows resident and practising in the provinces, and even if the disqualification with respect to distance were to be removed, many fellows of extensive practice as surgeons and general practitioners, who practise, and are under the necessity of practising pharmacy, would still be excluded. Sir George Grey has reason to believe that the refusal to admit into the Council any fellow whatever to whom it can he objected that he practises, or has within five years practised pharmacy, would create much dissatisfaction.

Sir George Grey is anxious to receive some further explanation of the views held by the Council, upon the subject of the alliance and union of the two London colleges with the university referred to in the conclusion of your letter of the 23rd April. This matter is the more important, inasmuch as in several interviews which Sir George Grey had with deputations upon this subject, great solicitude has been expressed to understand distinctly what the Council had in view in this respect.

There is also another point of no less consequence on which the resolutions of the Council are silent, viz., while the Council proposes certain alterations of the charter of the Royal College of Surgeons, with reference to members of the college, they do not state any clear proposition with regard to that class of medical practitioners, not members of the college, who have been termed general practitioners, and whose incorporation as a separate body forms one part of a scheme that has been strongly pressed.

As the Council contemplate the organization of the whole profession, it would be desirable to know in what relative position it is intended that these gentlemen, now practising as general practitioners, are to remain, and also what the college has in view with respect to gentlemen who may propose to practise in future under the same licence and conditions.

In any proposition for the regulation of the profession, it is necessary to have in view the interests of this important class, as regards its existing and its future members. It has been asked, indeed, and the question deserves attention, whether the Council propose that there should be any such class in future. If it be intended that there should be no such class hereafter, but that all members of the medical profession are to be connected with one or other of the colleges, it is only the more necessary to ascertain what will be the position of the existing general practitioners. The importance of this subject is not diminished by the consideration that the College of Physicians appear to have adopted generally the views of the College of Surgeons.

Sir George Grey requests that you will submit this letter to the Council, and he will be ready to receive and consider any further observations which they may wish to bring before him.

I am, &c.,

(Signed) H. WADDINGTON.

Joseph Henry Green, Esq.
President of the Royal College of Surgeons.

Royal College of Surgeons of England,
22nd July, 1850.

Sir,—I am directed by the Council of the Royal College of Surgeons of England to acknowledge your communication of the 12th ultimo.

The Council, in compliance with the desire of Secretary Sir George Grey, have carefully reconsidered the points to which he has drawn their attention.

To the first statement in your letter, viz., "The resolutions propose to exclude from the Council every fellow of the college who has directly or indirectly practised pharmacy ; and further, every fellow who resides at a greater distance than five miles, by highway or road, from the General Post-office at St. Martin's-le-Grand." The Council beg leave respectfully to object that the disqualifications in question do not belong to their recent resolutions, but are provisions of the charter now in force. The Council, in framing the resolutions which they have had the honour of submitting to Secretary Sir George Grey, did not indeed propose to abolish these disqualifications ; but with the sincere desire of removing all legitimate causes of discontent, they are of opinion that the concessions already made in the proposed changes in the constitution of the College, are as large and liberal as are compatible with the maintenance of any college which may merit the name of a College of Surgeons. They cannot, therefore, but lament that Secretary Sir George Grey "has reason to believe that the refusal to admit into the Council any fellow whatever to whom it can be objected that he practises, or has within five years practised pharmacy, would create much dissatisfaction;" but they may be permitted to observe, that they would have been more capable of furnishing a satisfactory answer to the complaints which have reached Secretary Sir George Grey, had they had the advantage of knowing upon what reasonable grounds those, who practise pharmacy, claim a right of eligibility to the council; and, at the same time, they cannot but think that it properly devolves on the claimants to establish any right which they may assert in opposition to the express provisions of a royal charter; or, at least, to show that the concession of any such claim would be productive of benefit to the profession, or to the community.

The council cannot suppose that Secretary Sir George Grey is disposed to disregard the charter granted by Her Majesty in 1843 to the College of Surgeons ; and they beg to remind him that it was the result of the earnest study of the council, and of Her Majesty's Government of that period, to effect all the reforms calculated to render the college an efficient institution for the promotion of the art and science of surgery. Yet in this, as well as in all the preceding charters, the principle of the ineligibility to seats in the council of those who practise pharmacy has been uniformly adopted; and it cannot be doubted that the conversion of the College of Surgeons into an institute of general practitioners, or as they have heretofore been styled, surgeon apothecaries, would be as fatal to the character of the college as it would be contrary to the intention with which it is incorporated.

The council can hardly think it necessary to point out that the professional class evidently contemplated in the several charters as comprising those peculiarly qualified for the office of member of council, consists of surgeons of hospitals, teachers of anatomy and surgery; those who have distinguished themselves by original observations and discoveries in surgery, and the collateral branches of science; eminent practitioners, including those who hold honorary appointments; and in general all those whose aid is anxiously sought in dangerous accidents, in delicate operations, and in serious surgical complaints; but considering that Secretary Sir George Grey apprehends that the exclusion of those who practise pharmacy "would create much dissatisfaction," the council feel themselves bound to state, as their deliberate conviction, that those who have established the proof of their especial and successful devotion to the study and practice of surgery, are those best fitted to act collectively for the advancement of surgical science, and therefore best qualified to be entrusted in a collegiate capacity with the functions of superintending the education, and of conducting the public business of the surgical profession. On the other hand, the Council believe that the claims of surgeon apothecaries, or general practitioners, to seats in the council, may be best appreciated by the fact that they are almost universally engaged in medical practice, and have few opportunities to practise surgery, and fewer inducements to cultivate it as a science. The exceptions to the rule are the surgeons in the provinces who are attached to hospitals; who are connected with mining or manufacturing establishments, the operations of which are productive of manifold injuries requiring surgical aid ; or who have obtained a deserved reputation as to the consulting and operating surgeons of the districts in which they reside. To these, and they are not a few, the Council, bearing a cordial testimony to their high professional character, would most willingly, notwithstanding they "practise, and are under the necessity of practising pharmacy," extend the right of eligibility to the Council; but they confess their inability to draw any line which shall include those practising pharmacy, whose professional qualifications may entitle them to seats in the Council, and which shall exclude those practising the same, who have no such pretensions on the score of superior skill and knowledge in surgery. The Council have therefore arrived at the conclusion, in accordance with the provisions of the charter of their college, that it is indispensable to the maintenance of sound chirurgical knowledge, and no less to the interests of the profession and of the public, that the government of the college should never be entrusted to those who, practising pharmacy, have been immemorially designated as apothecaries.

In reconsidering the provision of the present charter, which excludes from the Council "every fellow of the College who resides at a greater distance than five miles by highway or road from the General Post-office at St. Martin's-le-Grand," the Council see no reason to recommend any alteration therein. They are of opinion that fellows "actually practising their profession" could not perform the duties which devolve upon

them as members of Council, should their residence beat a greater distance from the metropolis; and they beg to remind Secretary Sir George Grey that a seat in the Council is not a mere honorary distinction, or that it requires only regular attendance at stated meetings of the council, but that a large amount of the business of the college is necessarily transacted in committees, and that the meetings both of the council and of committees are often the result of unexpected calls. The meetings of council during the past year have been no less than twenty-two; and the meetings of committees, during the same period, have amounted to thirty-four. From this statement it will be evident that the exclusion, which it is presumed will cause dissatisfaction, arises simply from the fact that fellows of the college, residing at a distance from London, cannot perform the duties which devolve upon them as members of the council; and it is quite clear that there is no assignable reason for excusing them from the duties which they would be bound to fulfil.

The Council remark that Secretary Sir George Grey "is anxious to receive some further explanation of the views held by the Council upon the subject of the alliance and union of the two London colleges with the universities," and they trust that the solicitude stated to be expressed by the deputations, in their interviews with Secretary Sir George Grey, is favourable to a design which the council believe to be fraught with advantages to the profession.

Other than these the Council know of no practitioners who can be designated with any degree of propriety, "general practitioners."

There are indeed some, and the Council believe they are not numerous, who are practising as apothecaries and accoucheurs, are merely licentiates of the Society of Apothecaries, and are not members of the College of Surgeons; but who can scarcely, or only by a lax use of words, be considered to have any title to the character of general practitioners. The Council are ignorant of any claim on the part of such licentiates to be separately incorporated, or that their incorporation forms a part of any "scheme that has been strongly pressed."

The plan contemplated by the representatives of the general practitioners, in connexion with the institution of a College of General Practitioners, and assented to by the representatives of the College of Surgeons, at the conferences held at the College of Physicians, had for its express object that, after the passing of the proposed Bill, all general praetitioners should be required to have been admitted both to the College of Surgeons and to the College of General Practitioners, and to be registered accordingly. The Council of the College believe that the necessity They beg to be permitted to hold themselves excused from pledging themselves to any specific plan, since its definitive arrangement obviously requires the consent and agreement of other parties; but they would most gladly avail themselves of the sanction of her Majesty's Government to open, conjointly with the College of Physicians a negotiation with the Universities, and especially with the University of London, as most interested in the proposed measure.

The Council, further, are desired to express their "views with regard to that class of medical practitioners, not members of the college, who have been termed general practitioners, and whose incorporation as a body has been strongly pressed."

The council feel some difficulty in furnishing a suitable and satisfactory statement in reply to this request. The meaning which they attach, and which they presume would be legally attached, to the term "General Practitioner," is the designation of one who has obtained the diploma of the College of Surgeons, either as member or fellow, and the licence of the Society of Apothecaries, and who in conformity therewith practises as surgeon, apothecary, and accoucheur; such general practitioners constitute the larger part of the class, who possessing the qualification, medical and surgical, required by the Poor-law Commissioners, are appointed as medical officers of Poor-law Unions. Such are the general practitioners whom the National Institute professes to represent, and of whom they urge the incorporation as a College of General Practitioners.

of a double qualification, medical and surgical, in the case of general practitioners has been uniformly admitted, whatever differences of opinion may exist with regard to medical corporations and their powers to license. In accordance with this view, they have recommended, in their late communication with Secretary Sir George Grey, that the general practitioner should obtain his licence to practise medicine, surgery, and midwifery, by passing suitable examinations at the College of Physicians and College of Surgeons; and they venture to add, that in the organization of the whole profession it would be inexpedient, and inconsistent with the prevailing social arrangements to recognise, or to incorporate as general practitioners, those medical practitioners who have no surgical qualification.

Finally, the council, after a deliberate review of the propositions which they had the honour of submitting to Secretary Sir George Grey, in their letter dated April 23rd, can discover no reason for changing the opinions which they then expressed, or for making any further alterations in the constitution of the college than those proposed in the above communication; and they trust that their proceedings will be, and at no distant period, accepted by those of their members, who call themselves general practitioners, as the result of a sincere desire for maintaining the efficiency and dignity of the profession of surgery,

I have, &c.
(Signed) EDMUND BELFOUR, Secretary.

TO CORRESPONDENTS.

Communications have been received from Dr. J. BEDINGFIELD, Needham Market; GEORGE WEBSTER, M.D., M.R.C.S. Ed., Dulwich; Dr. BURNETT, Alton; G. WEBSTER, M.R.C.S., London; R. TANNER, Esq., London; N. CLIFTON, Esq., London; G. J. SQUIBB, Esq., London; JAMES BIRD, M.R.C.S.,E., London; PETER HOOD, M.R.C.S., London; CHARLES JONES, M.D., London; HENRY ANCELL, M.R.C.S., E., London; C. HOLMES, Esq., London; Dr. E. CRISP, London; E. DANIELL, M.R.C.S., Newport Pagnell: Dr. SUTRO, Physician to the German Hospital, London; C. F. J. LORD, M.R.C.S.E., Hampstead, &c., &c., &c.

We refer "Dr. B." to Mr. Lawrence's sentiments, recorded in the present number of THE INSTITUTE, on "The Absurdity and Barbarities" of the distinction between Medicine and Surgery, for a full reply to his string of questions. If, in the year, 1826, the study of disease by the General Practitioner "should embrace the whole range of the subject," it certainly ought to do so in the year 1850; and if General Practice deserved Mr. Lawrence's commendation in 1826, and the distinction between the Physician and Surgeon was then "an arrangement arising out of the ignorance of both, which render each less fitted to perform properly the duties that he professes to understand—as injurious to the person as to the purse of the patient"—it cannot be less so now. At the same time, we do not go quite so far as the ardent reformer of the Council of the College of Surgeons; practically, we acknowledge some advantages resulting from a class of *pure* surgeons and one of *pure* physicians, but a higher degree of dignity must not be awarded to him who possesses the lower amount of knowledge. This subject will be fully discussed in the pages of this journal.

THEOPHILUS PROBE, Esq.'s amusing and instructive communications are most cordially accepted, and will appear seriatim.

Dr. BEDINGFIELD'S communications will be most acceptable.

We greatly regret our inability from want of space to insert Mr. Squibb's valuable communication this week. We are also unable even to acknowledge numerous other communications, but we trust our friends will excuse this, and also, all imperfections resulting from the difficulties necessarily attendant upon the issue of the first number.

THE BRITISH MEDICAL FUND: a Provident and Relief Society for Medical Men, their Widows, and Orphans.

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Thomas Blizard Curling, Esq., F.R.S.	George James Squibb, Esq.
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The Society being now constituted by Act of Parliament, and the rules and regulations sanctioned by the members, is in a condition to receive proposals for annuities, allowance in sickness, and life assurance for sums not exceeding £200.

As by the rules there must be 250 subscribers previously to granting reversionary annuities, and 200 previously to granting allowances during sickness, it is requested that gentlemen intending to avail themselves of either of these provisions, will forward their names to the secretary without delay. Deferred annuities and life assurances can be granted at once, there being no limitation with regard to them as to the number of the subscribers.

A prospectus, containing an outline of the Society, will be forwarded to any member of the medical profession, on inclosing a postage stamp; and books of the rules, with complete sets of the tables, price 1s., may also be had on application to the Secretary, at the Society's Offices, 28, Bloomsbury-square, London.

By order of the Board,
GEORGE HAWTAYNE, Secretary.

28, Bloomsbury-square, September, 1850.

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THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

The *Council of the National Institute*, anxious to extend a knowledge of its Principles, so far as they relate to the public interests and those of the great body of the Profession, desire to state, that it is established with a view to obtain, upon the principle of reciprocity, the Incorporation of the General Practitioners of England and Wales, and to form, irrespectively of the special colleges, an Institution comprising within itself the entire range of Medical and Surgical knowledge;—also, to sustain the status of this class of practitioners, by requiring of the candidates for its diploma, a satisfactory test by efficient examinations as to their qualification to practise Medicine, Surgery, and Midwifery,—and to correct those social and political grievances existing in the Profession, which the present Medical Institutions, from their special character and the absence of all intercourse with their members, are totally unable to accomplish.

The Council, in thus calling attention to the principles advocated by the National Institute, cannot refrain from expressing a belief that the present unsatisfactory state of the Profession, and the evils by which it is surrounded, are in a great measure to be attributed to the Medical Institutions of the country being incompatible with the welfare and social interests of the Profession, and the scientific principles upon which the practice of Medicine ought to be based.

The Council of the Institute have been long sensible of the evils alluded to; and being confident that they are daily increasing, and that the Profession is now suffering, more than at any former period, from the inconsistent and anomalous state of the laws by which it is governed, have, with the view to remedy the grievances complained of, presented to the House of Commons, through James Wyld, Esq., and Colonel Thompson, a Bill for the Independent Incorporation of the General Practitioners, and to which the attention of the Profession is now specially directed. The Council of the National Institute trust that their professional brethren, in discussing the question of Medical Reform, will not allow petty considerations to interfere with a liberal and comprehensive view of the subject; but that they will be convinced of the necessity of acting upon the principle of reciprocity in any attempt that may be made to effect a satisfactory re-organization of the Profession, the propriety of which is evidenced in the letter of Sir George Grey to the Council of the College of Surgeons, dated June 12th, 1850.

That as the introduction of the Bill into Parliament, and the means necessary to be adopted by the Council to facilitate its future progress, will be attended with considerable expense, the Council hope that all who advocate the Incorporation of the General Practitioners will contribute in aid of the object contemplated.

By order of the Council,
HERBERT WILLIAMS, Secretary, *pro. tem.*

Office, 4, Hanover-square, Oct. 1st, 1850.

Subscriptions of any amount may be forwarded by post-office orders or otherwise, either to Edward Tegart, Esq., or John Dodd, Esq., Treasurers, or if by post-office order, made payable at the post-office, Old Cavendish-street.

THE LONDON MEDICAL EXAMINER, for October 1st, contains an Address to the Medical Students of England, with advice respecting their studies, examinations, &c. An account of the Schools, Hospitals, and Medical Institutions of France, with sketches of the practice at the Parisian hospitals, and remarks on the medical and surgical treatment at these institutions, by Edward Crisp, M.D.

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SESSION, 1850–51.

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Descriptive and Surgical Anatomy—Mr. G. E. Blenkins and Mr. J. R. Lane.
Practical Anatomy—Mr. H. Bullock and Mr. F. Godrich.
Chemistry—Mr. Rodgers.
Medicine—Dr. Theophilus Thompson, F.R.S., and Dr. J. Bampfylde Daniell.
Surgery—Mr. Pilcher.
Botany—Dr. Lankester, F.R.S., F.L.S.
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Materia Medica—Dr. Lankester, F.R.S., F.L.S.
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TO MEMBERS of PARLIAMENT, and to Medical Men.—Convention of Poor Law Medical Officers.—At a SPECIAL MEETING of the Committee, held on Thursday, the 19th inst., to determine on further proceedings for obtaining from the Legislature an improved system of Poor Law medical relief, the following resolution was unanimously adopted:—

That an advertisement be inserted in the daily and weekly papers, also in the medical journals, urging the 16,000 members of the medical profession legally practising in England and Wales, but more especially the 3,000 who form the staff of medical officers acting under the Poor Law Board, to consider the extreme importance of their organizing and reserving their political influence in their respective localities, for the purpose of employing the same in the election of such candidates only as shall deserve their support by their promised advocacy of the cause of the sick poor and of the Poor Law medical officers.

By order of the Committee,
THOS. HODGKIN, M.D., Chairman.
CHAS. F. JAS. LORD, Hon. Sec.

4, Hanover-square, 19th Sept., 1850.

CONVENTION OF POOR LAW MEDICAL OFFICERS.—The Committee desire to offer their hearty acknowledgments to the London and provincial press for the support it has given to the cause in which they are engaged; they also thank their numerous and able correspondents for the various and valuable communications with which they have been favoured. Through the encouragement thus afforded, they derive fresh hope for the sick poor and for their medical attendants, and they resolve to persevere in seeking to obtain an improved system of Poor Law medical relief.

By order of the Committee,
THOMAS HODGKIN, M.D., Chairman.
CHAS. F. J. LORD, Hon. Sec.

4, Hanover-square, 19th September, 1850.

MR. TWINBERROW begs to state he has received from Calcutta a large supply of the EXT. CANNABIS INDICÆ. He also respectfully calls the attention of the Medical Profession to his Ext. and Liquor Taraxaci, Liquor Taraxaci et Sarzæ, and Liquor Sarzæ; the medicinal properties of each may, with the greatest confidence, be relied on

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DISPUTED LIFE POLICIES—"A trial of considerable interest to Life Assurance Offices and the Public was concluded yesterday in the Court of Exchequer. The Eagle Company held a policy for an assurance of £539 in the Albion Company as security for an advance, the payment of which policy was now disputed by the Albion, on the ground that at the time it was effected the fact of the assured party having been a man of intemperate habits was concealed from the office. The chief evidence turned upon the question as to the degree of intemperance that had been exhibited, and the result was that a verdict was given against the resisting office, not only for the amount of the policy, but also for £40 interest from the date when it became due. The circumstance of the action being brought by one office against another presents a striking illustration of the uncertainty which may attach to all policies under the present system, and shows that the only mode by which absolute security can be obtained by the public, must lie in the general adoption by Assurance Offices of the plan of protecting themselves in every case by due inquiries before the granting of each policy, and of afterwards assuming the full responsibility of the completeness of such inquiries, by holding themselves precluded from raising any future question. In the present case two offices are found to be diametrically opposed in their opinions as to what can properly invalidate a claim, and yet the public are expected to be able to guard themselves against such contingencies. Similar cases have occurred before, and even if they were more rare, they would seriously injure the progress of life assurance. The very principle upon which the business is founded is the removal of uncertainty, and whenever that principle is counteracted in the slightest degree, the people who would be the first to resort to its advantages are the first to be deterred."—*Times*, July 11th, 1850.

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THE INSTITUTE.

A JOURNAL OF MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE AND PRACTICE, AND PHILOSOPHICAL GAZETTE.

VOL. I.—No. 2. LONDON, SATURDAY, OCTOBER 12, 1850. SIXPENCE.

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THE INSTITUTE is established by a Proprietary, for the purpose of promoting the *Science* and *Practice of Medicine* on the principle of the Scientific, Educational and Practical UNITY of all its branches. Its objects are:—

1. To supply to every individual engaged in practice, on the principle that Medicine and Surgery are indivisible, all the discoveries and improvements in science and practice as they are day by day developed either at home or abroad.

2. To furnish the profession generally throughout the country with the pages of a journal at their command for the purpose of recording and discussing facts and principles the result of observation and experience, and for that interchange of opinion which has been found so conducive to the advancement of Medical as of all other learning.

3. To provide that numerous and highly important section of the profession who practice Medicine, Surgery and Midwifery as one Science, as also those individuals who, although practising particular branches, still admit the unity of medical science, with a journal which may be depended upon for a truthful reprint or a faithful account of all proceedings in parliament or elsewhere, and of all documents, whencesoever they may issue, affecting the interests of Medicine; and to furnish a clear, deliberate and impartial statement and commentary on every step that may be taken, or measure that may be proposed, with or without authority, for a change in the Medical Institutions or the Medical Polity of the United Kingdom.

4. To advocate, and to aid by every legitimate means in enforcing, a REFORM OF THE MEDICAL PROFESSION — Educational Reform—Ethical Reform—Reform in the mode of conducting Practice—Remunerative Reform—Protective Reform—Legislative Reform.

5. To secure the full representation in the legislature of those medical professional questions which affect the public welfare.

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To be more explicit, the principles of the Journal are:—

I. As medicine is legitimately practised on the basis of its unity as a science, every attempt to discourage the full and complete operation of this principle, or to disparage and injure those practitioners of the healing art who practise generally, ought to be exposed and counteracted.

II. The exposure and discouragement, by all practicable means, of illegal, unqualified, and empirical practice, and the employment of every effort to obtain an efficient penal enactment against unqualified and illegal practitioners.

III. The necessity of a high standard of education and qualification with sufficient tests, by full, fair and complete public examinations of every individual, to be authorized by law to practice Medicine, Surgery and Midwifery.

IV. Reciprocity of practice, based upon a uniformly high standard of qualification, for all the members of the profession of the United Kingdom.

V. The policy and absolute necessity of granting to the General Practitioners of this country CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

VI. The propriety of merging the *present* class of Apothecaries into the general professional body, with equal rights and privileges; and, under a *new* system, to provide that every future medical practitioner be completely educated in the principles of MEDICINE in the most comprehensive sense, comprising the principles of *Medicine*, *Surgery*, and *Midwifery*.

VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity of a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

Gentlemen in general practice, throughout the country, favourable to the above principles, will oblige by forwarding cases, essays, commentaries and other communications suited for the pages of a Weekly Journal, as one of the means of support to the Journal, and of securing the advocacy of the interests at stake before the Profession, the Government, the Legislature, and the Public.

The same kind of support is confidently anticipated from the medical officers of the army and navy and East India service, surgeons in mining and manufacturing districts, and the medical officers of poor-law unions, all of whom are general practitioners of medicine and surgery.

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Communications and advertisements to be addressed to "The Editors, East Temple Chambers, Whitefriars Street, Fleet Street, London."

ADDRESS.

THE advertisement which appears on the first page of this Journal, explains, so far as its limits will admit, the principles and objects for which it has been established. Similar principles have long since been adopted throughout the whole of the principal States on the Continent of Europe, and they are in full operation in the United States of America. These principles are comprised in their entirety in the one comprehensive principle—the Scientific, Educational, and Practical Unity of Medical Science in all its branches. We entertain no doubt whatever, that, at no distant period, the medical institutions of this enlightened country will be remodelled and reconstructed upon a similar basis, and thus be rendered more in conformity with the acknowledged requirements of modern times. It is not, however, our intention at present to enter more minutely on the practical application and bearing of these principles, or to dilate on the vexatious and anomalous state of the laws affecting the medical profession in this country as they at present exist, or to animadvert upon the parties to whom their administration has been entrusted: other opportunities will continually present themselves, when all the hindrances to the more extensive development of medical science, and the higher appreciation of the medical profession, will receive the consideration due to a subject of such vital public importance. To obtain representative government, and corporate rights and privileges for the overwhelming majority of the profession engaged in general practice, many difficulties will have to be encountered, and much time, talent, and exertion, will have to be expended in the accomplishment. The prejudices, privileges, and conventionalities that have engrafted themselves upon the modern as well as the ancient medical institutions of this country, must be pruned away. The sophistry and special pleading used in defending them must be dissipated by sound arguments and logical deductions; the portals to learning and science must be freed from the grim *Cerberi* who scare away the aspiring candidate for their honours and rewards; and scientific medical knowledge, in its most comprehensive sense, must be made attainable by all who have the industry and ability to acquire it.

Fully appreciating the great services rendered to the cause of Medical Reform by the other Journals, the absence of any defined principle or decided policy has tended to delay the settlement of this important question for many years. It will be our duty, as journalists, to devote our best ability and untiring exertions to the prosecution of these objects—and, *Deo volente*, we have a strong presentiment that our efforts will prove successful. It would ill become us to make a long string of promises—we must pause for judgment until sufficient time has elapsed for our trial; the matter we from time to time lay before the profession, we shall put in as evidence, and upon its quality we shall depend for a verdict in our favour. So much, then, for ourselves. Now, a word or two to those whom we hope we may reckon upon as constant readers—the General Practitioners in Medicine, Surgery, and Midwifery of the United Kingdom. Gentlemen, there is a certain breadth and comprehensiveness of character required in those men, to whose almost exclusive care the lives of the majority of the people in this realm are necessarily entrusted, which it would well become you to endeavour, by a little discipline and mental effort, to acquire, if you are not already conscious of possessing it. You occupy a prominent position in society, and you perform very onerous and important duties amongst this large community; the scrutinizing gaze of your fellow-men is more frequently directed towards you than to any other class; and it depends entirely on yourselves whether each of you, in your respective localities, should not be more respected and looked up to than any other public functionary. With very few exceptions, the greatest possible amount of trust and confidence is reposed in you—have you deserved this confidence?—do you at this moment deserve it? To a very considerable extent, we most conscientiously and honestly believe that you do. But you are not immaculate; you have much to learn, and what is equally important, you have much more to practise. Individually, you are honourable, useful, hard-working men; collectively, you are apathetic, careless, and too personally intent upon what transpires within the narrow limits of your immediate spheres, to be of much weight, consideration, or importance. And what does this principally arise from? Mainly, we have no hesitation in affirming, from the absence of any *esprit de corps*, and from your neglecting to cultivate to anything like the extent you ought to do, the literary character and reputation of the medical profession. You must recollect that the General Practitioner has become a totally different person from what he was thirty years ago; and that it behoves him to show, by publishing more of his vast and extensive experience, how far he is worthy of that confidence of the public which he is entitled to enjoy. Our observations on this point, however, apply to you more as individuals, and more particularly to the junior members of our noble profession. We cannot more appropriately conclude these remarks, than by a quotation from the writings of a talented and amiable surgeon in general practice, not long since deceased—the late William Maclure, Esq., of Harley-street:—

"I am perfectly aware that not a few of my professional brethren, of the order to which I have attached myself, might, if they pleased, produce and exhibit a more imposing array of medical and surgical histories than I have done; but it was partly my purpose in this publication, to stimulate by the spirit, if not by the merit of my example, such of them as may be able to do better, to do so.

"Under whatever forms the three groups of the profession, after the present effervescence shall have ceased, may settle down and become permanent bodies in the state, it will be incumbent on the General Practitioner to attend more to the literature and science of his profession than he has hitherto done; for it may safely be asserted, that his future dignity, in the eyes of the public, will depend more on such exertions than on the position in which he may be ultimately placed, in relation to others, by the laws of the land. Doubtless, many skilful General Practitioners have flourished before the foundation of their Royal College (a necessary event, I think, sooner or later); but all or most of them, unlamented and unknown, have sunk into oblivion, because they published little or nothing of their vast experience for the good of the public, and for the improvement of their arts. Now, however, that they are likely to become fellows of a distinct corporation of their own, and to spring into existence, as the rivals for fame and public favour, of the ancient colleges of the empire, they must be more careful and exact than hitherto, to record, with truth and clearness, their multitudinous experience; to affect the honours, as well as the emoluments, of their profession; to be heard of in the schools, as well as the sick rooms; and to enlarge the boundaries and enrich the archives of the healing art. They must be up and doing, remembering, both as individuals and as a collegiate body, that merit, not actively brought into prominent notice, for the benefit of human kind, differs but little from inglorious sloth."

"Paulùm sepultæ distat inertiæ
Celata virtus."

ORIGINAL COMMUNICATIONS.

CASE OF AN ACEPHALOUS CHILD,

WITH REMARKS,

COMMUNICATED BY

GEORGE JAMES SQUIBB, ESQ., SURGEON.

The ordinary phenomena of animal life which pass daily before us have become so familiar as frequently to escape notice, and seldom suggest any new facts for contemplation; though many of the vital phenomena yet remain unexplained. A preternatural phenomenon attracts our curiosity, excites inquiry, and brings before us a series of facts which might not otherwise have fallen under our notice; and may ultimately become of advantage to physiology and pathology.

The subject of Acephali has long attracted attention.

Cases are mentioned by some of the earliest writers. Zacchias in his elaborate collection of cases relates some instances; and, after speaking of a brainless child, attributes it to the influence of some mischievous demon. In Germany, monstrous children are called kats—*cats' heads*. In some of these cases the whole brain is deficient, the medulla spinalis and the nerves usually connected to the base begin at the opening by which they go out of the head, and are perfectly formed in all respects; in others, a small portion exists connected to the commencement of the nerves, covered by a soft vascular membrane, and forming a dull red or brownish tumour on the basis of the brain.

But to return for an instant to the history of Acephali. Morgagni relates a case, which will be found at page 19 of his works as translated, and attributes it to hydrocephalus; and there is a memoir comprising much information by Monsieur Breschet, in the 'Dictionnaire de Medecine,' page 255: and Mr. Lawrence also, in his interesting paper in the fifth volume of the 'Medico-Chirurgical Transactions,' has collected together a mass of instructive information upon this, as well as monstrous productions in general. I may mention also Mr. Burrowes's case in the second volume of the same work, and Mr. Atkinson's in the 'London Medical Journal for 1805.' There is also an interesting case by Monsieur Barous and Dr. Scoultens of Metz; which was the more singular, as in this instance there were two female children *united*, and one was an acephalous child—(these children were living a year after their birth). But there is another case to which I must allude, rather more in detail, as somewhat resembling the one I am about to relate, and which, as far as my information guides me, is, in some respects, without parallel. This occurred in Italy, and a short transcript of it will be found in the twenty-second volume of the *Lancet*. "The child was a female, and lived eleven hours; the integuments, instead of arising from the forehead, descended obliquely backwards to rejoin the posterior part of the neck, which was extremely short; behind the neck arose a nipple-like protuberance, resembling pretty closely the extremity of the little finger. While the infant lived, touching this protuberance occasioned an acceleration of the respiratory movements, and a renewal of its cries, which were more like hiccups than the usual cry of children. Upon examination, there was found no trace of cerebrum, cerebellum, or medulla oblongata, the spinal marrow had its origin from the nipple protuberance already mentioned. This case is very curious; there are various examples on record of the absence of the brain, or spinal marrow, or both, but not one of a simultaneous deficiency of brain, cerebellum and medulla oblongata, in which the child lived a single instant after the birth—*here it lived eleven hours.*" In Monsieur Breschet's cases there were invariably some traces of these organs. I will now more particularly relate the

Case.—This child was born at the full period of utero-gestation; the mother was a healthy woman, having had a large family of well-formed natural children; the labour was natural, though tedious. The child presented the following appearances:—The trunk and extremities were robust and well-formed, remarkable only for their plumpness and roundness; the face and head bearing the usual character of these monstrosities; the unnatural prominence of the eyes, the receding of the skull, and the contracted outline of the cranium were occasioned by the absence of the frontal bone; with the exception of the orbitar plates, the greater portion of the temporal and parietal bones, and the superior part of the occipital bones above the crucial ridge were likewise wanting. The tumour that occupied the place of the brain and its membranes, was of a deep purple or plum colour, interspersed with a few lighter semi-opaque patches; it was elastic, readily yielding to, and quickly resuming its form on the removal of pressure. Upon its upper surface, there were traces indistinctly of linear indentations, which apparently divided the tumour into three irregular compartments, intimating the cerebrum and cerebellum, the one on the right side being the most prominent. Hairs were visible on the only portion of the scalp which covered the inferior part of the occipital bone; but none were seen upon the cuticular surface of the membrane that enveloped the tumour. This was never observed to vary its form when the position of the child was changed. Its temperature was the same as that of the common integuments. No pulsation was at any time discoverable in the tumour itself, which preserved its colour in death. The action of the lungs, the pulsation of the heart and arteries, and the temperature of the trunk and the extremities, were natural. The colour of the skin, and the florid appearance of the lips, indicated perfect health, all testifying that the breathing state was at that time fully established. The eyes and mouth were nearly closed; upon raising the upper lids, the eyes were seen rolling between the canthi; the pupils being at one time directed upwards, and at another downwards, and never appearing upon or below the axis of the orbit; these oblique motions were incessant, day and night; the membrana pupillaris were distinctly seen; the internal parts of the mouth were naturally formed; and when the finger was inserted between the gums, the child indicated no propensity to embrace it, nor any power of deglutition. The nostrils were open and of a natural structure. The meatus auditorius externus was impervious. This child was never known to cry, though a mournful tone was occasionally made. No sensation, voluntary motion, or instinct existed, but involuntary motions of the muscles were observable upon the application of an artificial stimulus; in the position it was placed, it was always found; its appearance gave you the idea of profound sleep, but its only sleep was the sleep of death, which occurred seventy-three hours after its birth. Soon after it was born, the powers of life began visibly to decline, though at first they were equally vigorous with those of a perfectly formed child; after this change had occurred, the vital appearances gradually and simultaneously sunk, death taking place without a sigh or a struggle.

Post Mortem Examination.—The tumour was carefully opened by means of a crucial incision made upon its upper surface, which was carried to its full extent; it was found enveloped by a cuticular and vascular tunic; the latter was injected, giving it a livid purple hue upon which the colour of the tumour chiefly depended. It was divided into three irregular compartments, these being sub-divided into large cells which extended from the summit to the base of the cranium. The involving vascular membrane dipped into the cells, in no part communicating. The membranous septa of the tumour bore an obvious resemblance to the falciform and transverse processes of the dura mater, while the vascular membrane offered a fine morbid specimen of the pia mater.

On removing the tumour, which adhered closely to the periosteum at the base of the cranium, the 1st, 2nd, 3rd, 4th, 6th, 7th and 9th pair of nerves were distinctly seen, appearing as if they had been separated by the knife.

A medullary column, arising from the medulla oblongata, the anterior and posterior divisions of which were wanting, projected about an inch in height from the circle of the foramen magnum occipitale; this medullary column was divided at its summit longitudinally by a raphæ, and surrounded by a delicate vascular membrane extending down the theca vertebralis. From the apex of this column two pair of thin nervous filaments arose, one pair passing on each side of the basilary process of the sphenoidal bone in a parallel direction, and ultimately passing into the foramen lacerum orbitate, under the chiroid processes were distributed to the two oblique muscles of each eye; while, from the sides of this column, two large pair of nerves arose which passed out of the cranium at the foramen lacerum formed by means of the temporal and occipital bones.

Remarks.—There is no one who has attentively considered the physiology of the nervous system, and the discoveries which have been made during these last few years, but must consider with much interest this case of an acephalous child, abounding as it does with phenomena of much interest and importance.

The discoveries of modern physiologists have gone far in establishing the truth of an opinion entertained by a distinguished physiologist in this country (Sir Charles Bell), that the respiratory organs did not depend upon the brain for their nervous influence, but upon the corpora olivaria of the medulla oblongata: this important discovery is, I may say, verified by the case I have just related.

This case presents two subjects for inquiry.

1st. By what means were the vital functions of this brainless child carried on?

2nd. Why were they not permanently established?

Before we can satisfactorily reply to these questions, we must consider whether the medullary column that arose from the medulla spinalis consisted of the corpora olivaria, and whether the two pair of nerves proceeding from its summit formed the 4th pair, and whether those from its sides formed the par vagum or pneumogastric nerve.

I should be disposed to decide in the affirmative from the situation and form of the column, and from the origin, size and distribution of the nerves. In proceeding further, to render a rational explanation of the phenomena—the organic functions being carried on without a brain, it will be necessary to consider the agents upon which these functions depend. These are vitality, nervous influence, and atmospheric air. All these perform a decided part in sustaining the functions of the human frame, and whose agencies, in the instance before us, were fully demonstrated by the involuntary respiration, the circulation of the blood, and by animal temperature. (These testify the presence of the agencies already alluded to). Experiments and observations agree in announcing that the lungs and heart principally derive their functional power through the instrumentality of the par vagum or pneumo-gastric nerve, and that this nerve arises from the corpora olivaria; from the actual presence of this nerve and its source being proved by the *post mortem* examination, it cannot surely be considered as asking too much to infer, that certain filaments of this nerve were distributed to those vital organs.

Having thus briefly considered the agents necessary to the performance of the vital functions, as well as instruments, through the intervention of which these effects became visible, and by which this brainless child exhibited the attributes of animal life, we arrive at the second part of my subject, viz:—

Why the vital functions were not permanently sustained, the necessary apparatus, and the healthy structure of the respiratory functions being present and in operation? This failure cannot in the present instance be referrible to a fault or malformation of the vital machinery, as that was proved to be efficient; under these circumstances our inquiries become limited, and the only source to which I can attribute this result (death), is an insufficiency, if I may so express it, in the power of the vital principle. Instances of death taking place a few hours after birth, in children in whom every appearance of healthy structure and function had been indicated, and in whom no malformation could have been suspected, are of frequent occurrence, and can only be attributed to the same cause, viz.—incapacity in the vital power to continue life. The condition of this acephalous child resembles that of the body of an animal from which the cerebrum and cerebellum have been removed, and in which the temporary circulation of the blood has been sustained by artificial respiration. It is also illustrated by the action produced upon a recent dead body by the application of galvanism. In these instances we see effects produced by the operation of certain agents upon that remnant of vitality which is not extinguished in an animal by the deprivation of actual life.

The capacity remaining in these several subjects of experiment has been justly termed "irritability," which, as a property of the living principle, has been wisely contradistinguished from sensibility. This always implies the presence of a "percipient" principle. By repetition of these experiments upon animals, that remnant of life becomes gradually exhausted, and ultimately extinguished.

Just so in the case before us: the powers of life were imperceptibly though effectually diminished by successive cycles of operation, for each succeeding respiration, after the first, may be truly said to have been performed in a diminished ratio. The consideration of the subject of Acephali is one replete with interest; and, did the time allow of it, I should feel disposed to enter still further into the consideration of what may be the cause of such extraordinary deviations from nature. Is it, as Morgagni supposes, by internal hydrocephalus pressing upon or ultimately causing absorption of the brain; or, as Monsieur Blaudin presumes, from inflammation of the nervous system and membranes? Geoffrey St. Hilaire presumes that at some period of the fœtal life the development of the brain is suddenly arrested. Again, it has been held, by Monsieur Serres and others, that the development of any part is dependant upon its supply of blood, and therefore on the size and number of its arteries; and that, accordingly, when these are small the part withers; but I must not go on with conjectures.

It may be said that we gain no information by the observing of these cases; but we perceive that it breathes, and at least acquire the knowledge of the fact, that the absence of the brain is not incompatible with respiration; again, we know that no acephalous child lives. These two facts, were I enabled to follow them out, would open an interesting field of enquiry.

A CASE OF TUBERCULOSIS,

With Tubercular Deposit in the Lungs, Intestines, and Mesentery; Vomicæ; extensive Ulceration of the Intestines, and Marasmus to the last degree; fatal without Hectic Fever.

By HENRY ANCELL, Esq., M.R.C.S.

I. S., a medical man, aged twenty-four years, of a spare, delicate habit, had been a hard student in London, subsequently to which, and previous to his illness, he was occupied as visiting-assistant in the country. His father is said to have died of asthma, and his mother and brothers and sisters all appear to be delicate, one having glandular swellings in the neck, and others being subject to cough. In the spring of 1849, being in his usual good health, he went into Essex as an assistant, but did not appear to be as well as usual there. In about two months he returned to London, not feeling so strong as heretofore, but without cough, or any local complaint; and in describing to me his state of health at this time, he appeared to lean to the notion that he had laboured under some obscure effects of malaria.

In the summer, during the prevalence of the cholera, he went again as an assistant in a country town, where that disease existed in all its intensity, and during many weeks was subject to the most arduous day and night duties. His exertions here must have been excessive, and his power of sustaining them very inadequate, as he states that he was continually compelled to lie down during the intervals of his active duties. During the latter weeks he became subject to diarrhœa, which he referred to the poison producing the prevailing epidemic. He kept this in check, as well as he could, with chalk mixture and laudanum, but returned to London, thin, fatigued, exhausted, and fell upon a sick bed. In this state he first sent for me, in the month of October. His whole attention was directed to the alimentary canal and the diarrhœa, and he would not for one moment admit that he could have any other illness. Notwithstanding this, I observed an occasional *hem!* not amounting to cough, and from physical signs, I had no doubt of the existence of tubercles at the apices of both lungs, but he was averse to stethescopical examination, having the greatest confidence that his chest was sound. The alvine evacuations were semi-fluid, yellowish, but on close inspection mottled with minute specks, particles of which, under the microscope, exhibited blood corpuscles, and here and there were also minute specks of curdy matter, although I could never satisfy myself, with the aid of the same instrument, that they contained the characteristic tubercle corpuscle; their odour was also occasionally of that peculiar character which attends ulceration: altogether these evacuations gave almost unequivocal evidence of the existence of ulceration. After the lapse of ten days or a fortnight, a very small quantity of sputa was expectorated, with a slight cough. This sputa, not amounting to a quarter of an ounce in twenty-four hours, had all the character of tuberculous sputa in the incipient stage of the softening of tubercles, but after a week or so it subsided altogether. His respiration was always slow, small, and uniform. The diarrhœa was, upon the whole, kept in subjection with chalk mixture and opium, although the slightest irregularity of diet, or any unusual medicine, would excite the bowels to preternatural action, and he could not bear any tonic or alterative medicine.

The most important feature in the case is this:—notwithstanding the unequivocal character of the general and local signs and symptoms—under the most accurate examination his pulse did not exceed 80 at any time in the twenty-four hours; it did not vary six beats in the minute, nor was there any evening acceleration—he had no febrile symptoms whatever—no hectic flush, no perspiration, no lateritious sediment in the urine. Debility and emaciation however, which seem to have set in stealthily as early as the spring, now continuously and rapidly progressed.

At the latter end of October he was affected, for the first time, with pain at the lower anterior and lateral part of the right side of the chest; the signs of obstructed lung soon presented themselves, and a very small quantity of rusty and slightly sanguineous sputa was expectorated, with very little cough. An enlargement of the liver now also became evident, and there was a slight bulging of the thoracic parietes on the right side. After this, the diarrhœa was never very severe; yellow colouring matter was constantly present in the evacuations, which were generally semi-

fluid and homogeneous, and occasionally contained masses of soft, formed fœces.

During this period the pulse was very small, very weak, and from 80 to 90 in a minute; the urine Sp. Gy. 1018, very acid, deep colour, transparent, and, for the first time loaded with albumen; and it maintained these characters, varying a little in degree, to the end. His appetite was good throughout, but of his own accord he took nourishment moderately, for fear of irritating his bowels. After the application of sinapisms and a blister, the pain and rusty expectoration soon subsided.

His spirits were good, and to the last he entertained expectations of recovery. On the 16th of November, his attention, for the first time, appeared to be weak, and he became slow in answering questions. On the 24th, œdema appeared in both ankles. On the 27th, he first exhibited collapse of the sphinctus ani, and there was a tendency to dilatation of the pupil, particularly of the left eye. On the 29th, there was ophthalmia, with intolerance of light; and the voice had now become so feeble as to be scarcely audible. He now presented the most extreme degree of emaciation I think I ever witnessed in an adult. My note says, "The face resembles that of the youngest infant in extreme marasmus, dying of mesenteric disease." On the 30th, spasmodic pain occurred in the region of the heart, there was sense of suffocation; and, for the first time during my attendance, his pulse, although nearly imperceptible, counted 96 in the minute. On the night of December the 2nd, there was heat of skin; the tongue was cold, voice and respiration extremely feeble; the pulse rose in number to 112—120, and was extremely irregular; the intellect was clear. On the morning of December the 3rd, *mortuus est*.

Autopsy.—The left lung was tuberculous at its apex, with two or three vomicæ, one as large as a hazel-nut. The right lung was tuberculous throughout, with a large vomica at its apex; the pleura pulmonalis throughout its extent adherent to the pleura costalis, and also to the pleura lining the diaphragm. There was intercurrent pneumonia over a great extent of both lower lobes. The liver was enormously hypertrophied, but apparently healthy in structure; the gall-bladder full of pale greenish bile. The kidneys were large and mottled. The small intestines were ulcerated in large patches; they were studded with semi-cartilaginous and crude tubercles, and the contraction consequent upon the ulceration nearly obliterated the intestinal cavity for three inches a little above the ileo-cæcal valve. The mesentery was studded with large tubercular masses.

Remarks.—Throughout my attendance on this case, I never knew the patient to perspire but once, and that was after an excessive dose of laudanum, taken of his own accord, to abate the action of the bowels; nor were there at any time any of the other usual symptoms of hectic fever. The uniform progress of the debility and emaciation, from beginning to end, was remarkably characteristic of general tuberculosis, aggravated by the local intestinal and mesenteric disease. From the period that I commenced watching the progress of the disease, and I believe antecedently, the point of debility reached at any given time was never recovered from; so that the usual active habits of the living man, and the fountains of life, were one by one surrendered never to be regained. Just so with the emaciation—the loss of organic structure in the cellular and muscular tissues was never even temporarily repaired. The progress of the disease was altogether unlike any other case occurring to the adult in my own experience, although I am aware that analogous cases have occurred under the observation of others. It resembled, more closely than usual, the progress of mesenteric decline in infants and young children, than the cases recorded of complicated tuberculosis in the adult.

ON A NEW MODE OF PRODUCING ELECTRICITY.

To the Editor of the Institute.

Sir,—However important galvanism may be as a remedy in several diseases of the nervous and sero-fibrous system, it must have often happened to your readers to be deprived of the advantages of this curative agent, by the difficulties and expense connected with its administration.

These latter bid fair to be entirely overcome by the newly-invented "*hydro-electrical batteries*," in the form of portable chains, submitted to me by Mr. Pulvermacher, of Vienna (the inventor). They seem to me capable of affording so much assistance in the treatment of disease, and of throwing new light on so many disputed points of physiology and pathology (by the great variety of modes in which they can be employed), that I thought it sufficiently interesting to direct your attention to the subject. These batteries exhibit the usual phenomena of decomposing water, &c., of producing sparks, a sensation of burning, muscular contractions, or nervous vibrations, according to the different modes of employing them.

Each link of the chain forms a galvanic element, and consists of a zinc wire and a gilt copper wire, which are so coiled round a piece of wood as not to touch each other. The *proximity* of the wires is intended for the advantage of imbibing the exciting fluid in very thin layers, through the force of adhesion, and thus less resistance is offered, and a greater degree of electro-motor power evolved. By the employment of wires instead of plates, it is sought to obtain numerous acting surfaces in a small space. The *constant* effect of the chain is caused by the atmospheric air depolarizing the negative electro-motor wires.

The ends of the wires are bent into ears, which connect the links according to the laws of voltaic contact, and thus form a complete pile.

The positive pole is distinguished by the projecting copper wire being *fixed* on the zinc wire; whilst the *negative* pole is a continuation of the copper wire, coiled round the wood.

For use, the chain is dipped into a dilute acid, as hydrochloric, or into simple vinegar, more or less diluted according to the intended effect. To produce a *sensation of burning*, the two ends are placed on any part of the skin (also previously moistened with vinegar). The burning will be more or less violent in proportion to the number of links employed. (The intensity of the feeling is greatly heightened, if instead of leaving both poles attached, one be periodically removed and brought into contact with the respective parts. The sensation appears to be more shock-like and penetrating). To produce muscular contractions, &c., the circle of the chain is interrupted by a small glass cylinder ("inductor"), closed by two metallic capsules, which are alternately brought into contact, or isolated by the vibrations of a spiral spring fixed to one capsule in the interior. It is joined by one ear to the positive, and by the other to the negative pole of the chain; by being shaken, it causes the rapid closing and opening of the circle, and thus induces nervous vibrations or muscular contractions.

Single shocks may be produced without an inductor, by separating the chain, holding an opposite pole in each hand, and causing the two suspended and free poles to touch each other as often as shocks are required.

To obtain the above results more conveniently and in greater perfection, he employs a small clock-work as an interruptor, which he fixes within the circle of the chain, and by its means evolves at pleasure single shocks, or continuous vibrations of great power.

He states that the natural cutaneous exhalation will induce mild electrical streams, by the mere lengthened contact of the chain with the skin, without moisture; and even that redness and eruption of vesicles have been the consequence of wearing such chains for several days.

He further informs us that his invention has been laid before the Academy of Medicine of Paris, and that a commission has been named for further investigation, from whom a report is shortly to be expected.

In answer to my question: "In what particular instances he saw his chains employed with success?" he named the following, which I am induced to repeat to your readers, in order to lead to further experiments in analogous diseases. In addressing you, my intention was merely to bring facts to your notice; but it seems to me that the communication would be incomplete, if I failed to inform you of the alleged cures said to have been effected by the chains, and which may therefore possibly be effected on other occasions.

He saw *podagra* relieved by the patient wearing a chain, in the shape of a garter, for two days; increased local perspiration, a feeling of burning and swelling of the whole foot was the immediate consequence.

He saw flowing *hemorrhoids* produced with relief (after severe suffering from its repulsion), by a chain which the sufferer wore for some days round his loins.

He saw *rheumatic toothache* cured by holding one pole to the forehead, and the other to the suffering tooth.

He states that Professor Opholzar, of Vienna, recommended a patient to use his chains for giddiness and severe periodical headaches, who was cured by keeping one pole stationary at one part of the forehead, and removing the other, periodically; thus producing shock-like sensations of burning. He also mentions that a person suffering with paralysis of one arm, under Dr. Bouvier, in the Hospital Beaujon, of Paris, was cured by having one pole attached to the shoulder (through a caoutchouc covering), the chain spirally wound round the arm, and the other pole put into the hand of the affected arm; shocks were produced by shaking the inductor.

I must apologise for reporting mere allegations; considering, however, that they were not brought forward by Mr. Pulvermarcher for the purpose of raising the importance of his invention, but only elicited through my inquiries, I wished to put your readers in possession of the same amount of information as I could obtain on the subject;* leaving to their judgment the further trials of a remedy intended to fill up a vacuum, often painfully felt in the treatment of disease.

I remain, dear sir, yours most respectfully,
S. SUTRO.

13, Broad-street Buildings, February 10th, 1850.

VIABILITY OF THE FŒTUS, AT AN EXTREMELY EARLY PERIOD.

By J. GREENING, Esq.

To the Editor of the Institute.

Sir,—In last week's number I observe an interesting case in midwifery, by Dr. Charles Jones, rendering an existence probable at or before the seventh month of pregnancy. I beg to enclose you a case or two, which I published in the Midland Medical and Surgical Reporter, vol. ii. 1830—1831. Printed by H. B. Tymbs and H. Deighton, Journal-office, Worcester. The child born within the six months is living in Worcester, and 23 years old, stout and healthy. I am, sir, your obedient servant,

JOHN GREENING,
Senior Surgeon to the Dispensary.

16, Tything, Worcester, 10th October, 1850.

June 27, 1827. I was requested to call upon Mrs. Oseman, aged thirty-five years, of a spare habit. She complained of acute pains over the lumbar region, which were increased upon taking a deep inspiration, or from over exertion. The bowels were regular; she had not menstruated for the last five or six months; she believes herself to be pregnant; the palpitation of her heart is so strong, as to be visible; the carotid arteries are quickly pulsating. She had been troubled with this complaint for several years, and had taken the opinion of the best-informed medical men in this part of the country. At times, she seemed to have lost the use of her arms; but, upon grasping anything firmly, she was relieved. The pulse is regular and full; she is troubled with leucorrhœa. Venæsectio ad ʒxvi, low diet.

28th. The blood is buffed; she is better.

29th. Half-past nine o'clock, a.m. She had been with a person whom I delivered the day before, most of the day. After she returned home, was seized with acute pains in her bowels, coming on at intervals, like labour pains. There was no discharge. R. Tinct. Opii, *m.* xx. Mist. camphor ʒij ft. Haust. statim sumend. Eleven o'clock: pains still continue.

30th. One o'clock, a.m. A fœtus was expelled, at or about the sixth month. The placenta was thrown off by the efforts of the uterus. The child was so small and feeble, that I requested the nurse to put it by, for I thought it could not possibly live. I am confident it would go into a quart jug.

July 1st. She had a very restless night; she is thirsty; her bowels costive. Sumat Ol. Ricini ʒss. Milk is secreted in her breasts. The discharge continues. Pulse hard and frequent, not so full. The child is alive, and takes gruel. Nine o'clock: the oil has operated; she is restless. Pulse soft, 80 in a minute; skin dry; there is much pain over the lower part of the belly and right iliac region; pressure gives pain. App. Hirud. xij. R Liq. Ammon. Acet. ʒiss. Pot. Nitrat. ʒi. Liq. Antimon Tart. ʒiss. Aq. Menth. ʒivss. ṁ capt. coch. iij mag. 4tis horis.

2nd. Much better. 3rd. Had occasional pains in the night; pulse 75; tongue is clean, skin moist. Capt. Ol. Ricini ʒss. statim. The child takes the breasts.

4th. She is sitting up, and complains of nothing but weakness. The child improves.

31st. Up to the present time they are both well. I again questioned her respecting the time when she last menstruated, and she assured me she had not since January.

April 30th, 1830. She engaged me to attend her again in her lying-in, which she expected to take place at the end of July.

June 13th. I was sent for from Malvern about 3 o'clock, p.m. She had been in labour some hours. She was delivered at 5 o'clock. The labour was natural. The child was betwixt the seventh and eighth months, and very feeble. Brandy was administered to it, and the warm bath used. This child was much larger than the last, but the nails were wanting.

14th. The child is living, and the mother is doing well.

20th. Had a good recovery.

The foregoing cases do not abound with much novelty; still it seems worth while to note the occurrence of two children born at so early a period of pregnancy, and both of them thriving and doing well. Dionis, Portal, Chapman, and other authors of a more recent date, who have written upon midwifery, have given numerous cases; but I do not remember any of them describing cases in any respect like these.

* The circumstance of the *continuous* chemical character of the poles, uninterrupted by an inductor, justifies (according to the inventor) the attempt of employing the chemical action of electricity, in combating such diseases in which an acid or alkaline tendency can be distinctly discovered.

A CASE OF DISLOCATION OF THE HEAD OF THE HUMERUS UPON THE DORSUM OF THE SCAPULA,

BY ROBERT DUNN, M. R. C. S., &c.

Dislocation of the head of the humerus upon the dorsum of the scapula is an accident of such rarity, that few cases are to be met with in the annals of British Surgery; nay, the very possibility of its occurrence has been denied, by so great a surgeon as Boyer.

Many years ago, the following instance came under my notice. I communicated the particulars, at the time, to my friend, Bransby B. Cooper, Esq.; and he, I believe, is regularly in the habit of relating the case to his class, in his surgical lectures, at Guy's Hospital.

The case was that of an old woman, sixty years of age, living in Hen-and-Chicken-Court, Fleet Street, who had fallen down in a fit, and to whom I had been called. Before I arrived, she had recovered from the fit, but she complained to me of great pain in the shoulder, and of inability to move the arm. Upon a careful examination, which I was induced to make, from the appearances being so very different from what might have been expected from paralysis, or any other neuralgic affection, I soon perceived that the articulatory surface of the humerus had been thrown from the glenoid cavity of the scapula. Upon viewing the two shoulders, for the purpose of discovering the deviation from symmetry, it gave an appearance on the affected side as if the glenoid cavity had been thrown forwards, and rendered particularly prominent. The whole arm appeared shorter, and was directed forwards, but separated from the body; the head of the bone could be distinctly felt upon the dorsum of the scapula, producing a considerable tumour, and forming the grand diagnostic mark of the nature of the injury. I raised the arm perpendicularly to the body, in the manner recommended for the reduction of such dislocations, but not being successful in returning the head of the bone into its place, and the attempt occasioning very considerable pain, I desisted, and proceeded in the following manner:—the scapula being fixed, I made extension from the wrist, in the direction of the displaced bone (without putting my foot on the axilla) for two or three minutes, while my assistant and friend, Mr. J. Davison, surgeon, of Alnwick, then a pupil at Guy's, was directing the head of the bone forwards from the dorsum of the scapula; and in this way it readily slipped into its place.

Mr. Cooper attributes my want of success in reducing the dislocation in the way I at first attempted, to the want of strength on my part, properly to raise the arm; and strongly recommends the perpendicular elevation, as the best mode, in such cases, for reducing the dislocated bone.

15, Norfolk Street, Oct. 9th, 1850.

THE TREATMENT OF OVARIAN DROPSY.

(FROM A CONTRIBUTOR.)

Ovarian diseases come so frequently under the consideration of every gentleman in extensive practice, and their treatment has been so much discussed of late years, that we are induced to call the attention of the profession to a chapter on the subject in the "Practical Observations"* of the late Dr. James Hamilton, of Edinburgh. We are bound to inform our readers that the article in question entirely anticipates the proposal to treat ovarian dropsy by pressure subsequently to tapping, which has recently been too ostentatiously vaunted as "a new method of cure." Dr. Hamilton treats the whole subject in a truly scientific manner, and his observations deserve a careful perusal. His experience appears to have been very extensive. He has repeatedly seen cases where the disease has existed "without even inconvenience to the individual, for half a century." Several cases whom the author attended

had a family while labouring under ovarian dropsy; and in two, a spontaneous cure happened under such circumstances. There are many very interesting remarks on diagnosis, with numerous illustrative cases. With most other practitioners, for many years Dr. Hamilton deemed the disease incurable, but subsequently he was induced, by particular circumstances, "*to make some experiments for the purpose of determining whether the enlargement in question could possibly be removed.*" *Pressure* was the remedy upon which he placed his chief reliance. He advised that after tapping, moderate and equable pressure of the abdomen should be made, by means of a suitable bandage; to this remedy he added *percussion:* the tumour to be subjected twice a day to gentle percussion, and the patient to take a course of muriate of lime, continuing it for at least several months. The latter remedy, thus administered, acts upon the secretions, particularly upon the skin and kidneys; but Dr. Hamilton's employment of it, in various diseases, was founded upon experience of its effect in discussing indolent glandular swellings. Where pain and tenderness existed, in addition to these means he recommended the daily use of the warm bath.

In *seven cases* in which Dr. Hamilton employed this treatment, the enlargement so completely subsided, that it was no longer tangible. This was his first statement to the public, and he subsequently recorded that experience had fully confirmed the practice, having succeeded in a number of cases in curing or retarding the disease, by the simple means of firm compression of the abdomen, percussion, the warm bath, and a protracted course of the muriate of lime, together with the ordinary means for promoting general health, among which we must not forget to mention "regular exercise in the open air when the weather permits," and for the sake of exercise, in bad weather, he recommended spinning on the ordinary sized spinning wheel, for two or three hours daily.

The reader of Dr. Hamilton's work will doubtless contrast the practice it inculcates with the violent, empirical, for the most part dangerous, and in some cases already recorded, fatal practice which has occasionally been adopted. Dr. Hamilton was averse to the use of mercury in this disease. It may be doubted how far the total prohibition of this mineral is judicious; and now that we know so well how to regulate its action, and the extent to which it may be employed with advantage for the purpose of assisting the action of other evacuant medicines, we may be disposed to admit that it is an available adjunct. But this is an affair differing in toto from the rapid and excessive imbibition of mercury into a system already debilitated from disease; and Dr. Hamilton's peculiar practice differs equally from the violent pressure of a tumour already irritable or inflamed; the employment of such means without judgment having resulted in exhaustion of the system, or suppuration of the cyst.

Dr. Hamilton's method of treating ovarian disease by pressure, has, we think, been carelessly overlooked by judicious practitioners, and too cursorily treated of even by those writers who have mentioned it; his recorded experience has been altogether too little respected. We direct attention to his work in order that a remedy which there is good ground for believing to be of no mean importance, may not continue in desuetude owing to its being adopted without acknowledgment by the rash or ignorant.

LEAVES FROM THE DIARY OF A PARISH DOCTOR.

(The old Regime.)

BY THEOPHILUS PROBE, ESQ.

No. II.

In the concluding paragraph of the first leaf of our Diary, we made use of rather a strong expression in reference to the administration of the old Poor Law. We said it was "iniquitous," and there can be no doubt that in very many instances it was so. We may instance the practice of paying for labour out of the relief-book, when men were set to work on farms, and at the houses of rate-payers as "rounds-men;" thus conferring benefits on those who could employ them, and making those who could not, pay for it. The power vested, too, in the magistrates, of ordering relief to the able-bodied, was an evil, because they were unable to draw a line between the really necessitous but hard-working honest man, and the idle and dissolute. The scripture says of the man who will not work, "neither shall he eat;" but he who will work, and cannot obtain labour, is an object deserving our kindest sympathies: to let such perish for want of food, is disgraceful to any civilized society, and a blot on the national escutcheon. We must not, however, be understood, in making these strictures, as quarrelling with the law itself. It was an admirable provision to meet the contingencies of the times, when monastic charity and religious gifts were withheld by the destruction and appropriation in other channels of those funds which the rich monasteries could dispense to the aged, the infirm, the impotent, and the sick. We think—we have always thought—that a careful revision of that law, basing it on more equitable and just principles, and rendering it applicable to the great changes which have come over the community since the days of "Good Queen Bess," would have had a more salutary influence upon society than the cumbrous and un-English machinery of the new regime. There was something in the character of the old system more in unison with the true feelings of an Englishman's heart; something which called forth our sympathies and awakened our benevolence; something, indeed, over which charity, in its benign blessedness, could spread its holy, its heavenly halo. If to be poor implies wickedness or sin, then indeed the stern spirit of reproach might be exercised freely and legitimately, and the hand refuse to open for its relief; but if poverty be the result of misfortune, and the consequence of the "battle of life" ending in defeat, how base is that conqueror who would triumph over its sorrows. The population of a parish was under the guardianship of a parish, and the appointed officers were composed of the substantial and wealthy of the district,—men who were well acquainted with the habits, the wants, the feelings, the previous history, and the peculiar claims of their poorer neighbours. Who then were more fitted to administer to their needs? Who so competent to detect the vicious and reward the good? Who so capable of separating the idle and dissolute from the honest and deserving? There might have been, as there ever will be in all public arrangements, partialities and occasional individual hardships; and men of proud and overbearing spirits, having the souls of despots when invested with a little authority, might use it basely. Alas! it is human nature in its worse phase; we may lament it, although unable to cure it. Like certain constitutional tendencies, it is born in the bone, and will out in the flesh. But this condition of things militates but little against the great principle.

The dole furnished by the overseer might be inadequate to meet the wants of those to whom it was furnished; but in every town, village, or hamlet, there are beings whose hearts are in the right place, and who are ready, with Christian feeling, to administer to urgent cases. To us, in our medical capacity, it was always a cheering and comfortable sight to see "angels of mercy" pouring comfort and consolation by the couches of the afflicted and distressed. To see the sisters and daughters of the neighbouring yeomen—and such sights we have seen, blessings on their kind and benevolent spirits!—watching for hours by the bedside of suffering humanity, wetting the parched lips, supplying necessaries from their own homes, soothing by lines from holy writ the agitated and fearful spirit, and teaching in all humility the plumed soul to wing its heavenly and eternal flight. Behold yon aged and decrepit pair; they have weathered the storm of life together, and have traversed, side by side, the rude and rugged asperities with which the world's pathway is beset; they have now ceased to labour, for the old man's muscles and sinews are hard and rigid—the fountain of life is drying up, and the wheel will shortly "be broken at the cistern." Their parochial pittance is small, but the cottage wherein they spent their youth covers them, and the hearth where their children prattled still blazes up and warms them. "Richard and Kate" are well known; the clergyman of the parish reveres their ancient virtues; the cook from the parsonage supplies them with wholesome broth daily—a substantial dinner is occasionally furnished; the squire's lady every Christmas supplies extra warmth in flannel and blankets. These are acts which come like sweet unction upon their spirits, and impart to them genial peace and inward thankfulness. In the language of our great national poet, these gifts were

> "Doubly blest,
> Blessing him that gives and him that takes."

Of what spirit, then, can that system be, whose imperious mandate would destroy domestic peace like this, and hinder the exercise of a charity which ennobles both giver and receiver? Of what spirit can it be, when it hinders the growth of cardinal virtues, and draws off the fountain which nourishes and sustains them; yet, in this utilitarian age, the fate of this aged couple would be to be thrust into a gigantic workhouse, separated by interminable brick walls, with the privilege of exchanging a few words, perhaps once or twice a week. Say not it is not so; we have seen it, and mourned over it.

Judge Blackstone, in his exquisite 'Commentary on the Laws of England,' has beautifully touched upon this subject, with his

* Second Edition, Edinburgh, 1846, p. 47.

usual acuteness and good sense. One would almost think he had an intuitive apprehension of what was to come. Speaking of the statute of Elizabeth, he says:—

"The two great objects of this statute seem to have been:—

"1st. To relieve the impotent poor, and them only.

"2nd. To find employment for such as are able to work; and this principally by providing stocks to be worked up at home, which, perhaps, might be more beneficial than accumulating all the poor in one common workhouse,—a practice which tends to destroy all domestic connexions (*the only felicity of the honest and industrious labourer*), and to put the sober and diligent upon a level, in point of their earnings, with those who are dissolute and idle."

There can be no doubt, however, that the operation of the old Poor Law had become a serious and grievous evil; unquestionably, it was sapping and undermining the best interests of society, and a true paternal government could not look upon its evils, without a desire and an effort to remedy them. The question simply was —how? Let Judge Blackstone speak again. "Whereas" (says he), "if none were to be relieved but those who are incapable to get their livings, and that in proportion to their incapacity,—if no children were to be removed from their parents, but such as are brought up in rags and idleness; and if every poor man and his family were employed whenever they requested it, and were allowed the whole profits of their labour, a spirit of cheerful industry would soon diffuse itself through every cottage; work would become easy and habitual, when absolutely necessary to their daily subsistence; and the most indigent peasant would go through his task without a murmur, if assured that he and his children (when incapable of work through infancy, age, or infirmity) would then, and then only, be entitled to support from his opulent neighbours." Here, then, is developed the true spirit of just legislation; it is not to prepare large houses for the imprisonment of the indigent, as a test of their willingness to work, or otherwise, or to employ coercion and punishment,—it is simply, give employment to the industrious, and improve their moral perceptions; make them sensible of the value and importance of their own position; and encourage honesty and industry, and true independence, by affording the means of labour, while you withhold bread from such who will not earn it. How true are those beautiful lines of the simple-hearted Goldsmith:—

> "Princes and lords may flourish, or may fade.
> A breath can make them, as a breath has made;
> But a bold peasantry, their country's pride,
> When once destroyed, can never be supplied."

But we have run a-head on this subject; we must pause, or we shall forget that our object is not a commentary on the Poor Laws, except as it relates to its medical department. We will now pursue our intentions. From the year 1812, to within the last two or three years, we have had much to do with pauper practice. The appointment of parish doctor, under the old system, was vested, as the Act of Elizabeth directs all parochial matters should be, at the vestry assembled at Easter. Sometimes it happened that a little contest would take place on these occasions; a part of the parishioners might have a favourite doctor to propose, and this would give rise to some squabbling and some debate. But we are bound to say, in the majority of instances where we have been concerned, that that innate sense of right which pervades a body of intelligent Englishmen, who are not over-awed by assuming and dogmatical personages, has generally led them to re-appoint their doctor, unless some great negligence or inattention was made manifest. It is true a griping parsimony would creep in; and if the new aspirant would be ready to physic the pauper population for a few pounds less than the old one, why there would be some danger of the old one becoming ousted. It is astonishing, in our profession, how little past services are regarded in public offices, and how little attention is paid to qualification and fitness, where the advantage of change would be—the welfare of the pocket. The constitution and lives of a pauper population are trusted with impunity to men who have yet a reputation to earn; while others, of tried skill and ability, might be secured by a very small additional outlay. What gross folly is this; for if there be anything in the skill of a physician, it is in his power to cut short a malady which nature might take a long time to cure; and, if experience be the key to wisdom, a proved experience must be better, by great odds, than that which is untried; and if, in the end, the efficiency of the untried is unequal to the emergency—who then becomes the loser? We give an example in our own practice:—We had been many years the medical attendant of a parish containing 800 inhabitants; we had the satisfaction to know we were well thought of, both by the authorities of the parish and the poor themselves. Our fixed salary was £15 a-year. We were asked whether we were willing to renew our engagement for £10. We indignantly replied—we were not. "Then, sir," said the principal spokesman, "we must inform you we have received an offer from a medical gentleman that he will take it for that sum." The matter was put to the vote, and our opponent received the appointment. But the amusing part of the story remains to be told. Our medical cotemporary was one of those unfortunates whose oyster propensities led him to live more on suction than solid aliment. He was not a strict hydropathist, libating the pure unsophisticated element—the sparkling, gurgling, crystal stream, fresh from the font of Helicon. No; he was a chemist of the new school, regarding oxygen as pure gin, and hydrogen as gin-and-water — that carbonic acid gas possessed its native piquancy only in a pot of porter, whilst alcohol was the true menstruum for the circulation of red globules — a fact indicated by the pure carnation and vermillion tints which ornamented his nasal protuberance. In short, he was so thoroughly a proselyte to these opinions, that to verify his convictions he continually experimented upon himself. The consequence was, that his powers of locomotion grew occasionally singularly eccentric—gyrating, worming, and moving with sinuosities wonderfully entertaining to the lovers of the curious. At times, his physical energies would succumb altogether, and his mental capabilities would then grow misty, and even his articulation become so indistinct, that persons close to him could not tell what he said. We are told these phenomena are by no means uncommon to chemists of this order. When these fits of *deep* research came upon him, he was, as may be well presumed, wholly incompetent to fulfil his office as parish doctor; therefore, in the middle of the year, we were, with even lachrymose entreaty and the promise of an additional five pounds for that year, prevailed upon to resume our duties.

> "Think how mortal man may fail,
> When all his senses swim in ale."—*Swift.*

Mean and parsimonious, on most occasions, as were the proceedings of the old vestries, there were times, and we are glad to record them, when they could act with a liberal and becoming spirit.

In any great emergency—the prevalence of an epidemic or a distressing accident, for instance—we have found a pure spirit of real philanthropy pervade their deliberations.

In 1826, typhus fever raged with singular malignity, and two parishes under our care were sorely visited. Unlimited power was given to us to order all necessaries for the sick poor—perpetual change of linen, good nursing, suitable food, and wine whenever it was needed. Our salary for each of these parishes did not pay for drugs and toll-gates. The claims upon our time were incessant, and the labour of body and anxiety of mind were enough to wear down a constitution of adamant. We had no assistant, not even a dispenser, so that rest to us was a real blessing—when we could get it.

We had the satisfaction of knowing that our labours were appreciated; the officiating clergyman thanked us, and the authorities of the two parishes encouraged our exertions, by promises that they should not go unrewarded. Nor did they belie that promise. Our salary for one parish was £15; for the other £10. We were, at Easter, voted £30 for the former, and £20 for the latter, and each gift was accompanied with warm eulogies upon our attention and the success of our practice. These little tokens of approbation are beyond measure gratifying to the practitioner; they seem as antidotes to many bitter and vexatious trials, and come like green spots on the arid desert of professional life.

The following example takes the converse of this view, and serves to exhibit the kind of value which some men place on professional services. A poor carpenter was seized with phrenitis; he was fearfully delirious, requiring constant attendance to keep him in bed, and to prevent self-destruction.

The man was a casual pauper, his settlement being in a village some few miles distant. We were requested by the overseer to furnish the authorities of that village with the particulars of the case, and to ask for an order to attend him, &c., as a promise of payment would supersede the necessity and expense of "suspended orders." We received the following reply:—

"Mr. W.'s compliments to Mr. P., and is sorry to hear of S.'s illness. The parish will not object to pay ten or fifteen shillings for medical advice, *as they do not wish the poor man to be lost!*"

We need not insert our reply—suffice it, we obtained the order required, and when the man recovered—as recover he happily did—our bill amounted to upwards of eight pounds.

The learned and extra-liberal vestry decided that the charge was enormous, and refused to pay. Our lawyers, however, visited them with a certain legal medicament, which has a peculiar

emetic property on mortal pockets, and caused a disgorgement of the identical amount of our bill, which was lodged in our own repository next day. The poor fellow required almost constant attention for ten weeks.

One more specimen of *liberality*, and we have done.

We had been the medical attendant of a small parish some years—our yearly salary was five pounds. The newly appointed overseer was one of those rich, selfish, boorish, unfeeling brutes which occasionally cross the human path, but are to be avoided as men avoid the *cobra di capella*—the less contact the safer and the better. He was determined to reduce the parish expenditure; and, as one step towards this glorious consummation, he resolved to do without a parish doctor. Cases of sickness, however, would present themselves—these he dismissed by giving a shilling, and directing the patients to go to a neighbouring druggist and obtain its value in *stuff*. Trifling affairs were got over in this way, but a woman was fearfully burnt. We were sent for. We called on the overseer. His reply was—"Well, don't put us to much expense in journeys." The woman died. A case of enteritis occurred next—the same reply. Then followed a series of other cases—to all our applications it was, "Mind, don't put us to much expense in journeys." At Easter our bill, amounting to six or seven pounds, was presented. What was our surprise, our indignation, when we were asked by the old wretch, "Have you any *written* orders for these cases?" Of course we replied "No; we depended upon your word." "Then," said he, with a grin like an empty fire-grate—"I shall not pay you." Our lawyer assured us the bill might be recovered—the character of the cases were too urgent to be got over by any finesse—"but I advise you," continued he, "to put up with your loss. I know the old man well; he would spend 500*l.* rather than pay you 5*l.*"

We hate litigation, and know winners are often losers at law. We therefore pocketed the affront, and the old viper, to his dying day, chuckled at having outwitted the doctor, and saved the parish a medical contract.

To be continued.

THE PHILOSOPHICAL GAZETTE.

Composition of the Blood of New-born Animals.—Poggiale has investigated the composition of the blood of new-born animals. In man he found the same amount of solid matter in the blood of the placenta as in that of the fœtus; and the composition of the former was:—

Water	744.2
Corpuscles	172.2
Fibrin	1.9
Albumen	69.3
Fatty matters	2.1
Extractive, and salts	10.3

—*British and Foreign Medical Chirurgical Review, October* 1850, *from Comptes Rendus*, xxv. *p.* 198, *and Liebig's Report, vol.* 2, *p.* 154.

Influence of a Salt Diet on the Composition of the Blood.—Poggiale has, moreover, examined the blood of man, both at the time that the usual diet was taken, and whilst 154grs. of salt were consumed daily. The following are the results :—

	During usual diet.	During salt diet.
Water	779.9	767.6
Blood corpuscles	130.1	143.0
Albumen	77.4	74.0
Fibrin	2.1	2.3
Fatty Matters	1.1	1.3
Extractive, and Salts	9.3	11.8

From which it is evident that the proportion of solid constituents are increased; this occurs chiefly in the blood corpuscles and extractive, the amount of albumen being slightly diminished. —*Comptes Rendus, p.* 25.

Boussingault has also extended his observations concerning the influence of salt on the fattening of cattle. His earlier experiments had shown, that salt does not exert that beneficial influence on the growth of cattle and the production of flesh, which is usually ascribed to it. His present experiments have been extended over a period of thirteen months, and have been made over a number of steers, some of which had their rations salted, while the others had not; in other respects, they were treated in a precisely similar manner.

The results have shown, that the increase in the proportion of flesh does not pay for the salt employed. Boussingault, however, remarks, that a saline diet exerts a beneficial effect on the appearance and condition of the animals; for the steers which were deprived of salt for eleven months appeared sluggish and of a languid temperament—their coats were rough, devoid of gloss, and partially bare; while those which had been fed with salt were lively, had a fine glossy coat, and were sure to obtain a considerable higher price at market.—*Ann. Ch. Phys.*, 20 *and* 22; *and Liebig's Report, vol.* 2, *p.* 340.

Use of Anæsthetic Agents during Surgical Operations at an early period, by the Chinese.—Stanislaus Julien has found, in examining the Chinese books in the National Library at Paris, the proof that the Chinese have been long acquainted with the use of anæsthetic agents during surgical operations. The extract which he gives is from a book published about the commencement of the sixteenth century, in fifty volumes quarto, and entitled, "Kon-Kin-i-fong,"—*General Account of Ancient and Modern Medicine*; and refers to the practice of a celebrated physician, Ho-a tho, who flourished between the years 220 and 230 of our era. It states, that when about to perform certain painful operations, "he gave the patient a preparation of hemp" (Hachich), and that at the end of a few moments "he became as insensible as if he had been drunk or deprived of life." After a certain number of days the patient was cured, without having experienced the slightest pain during the operation. In a subsequent notice, he also shows that the same physician used the hydropathic system as a cure for certain diseases; among others, chronic rheumatism.—*The Edinburgh new Philosophical Journal, October, p.* 399.

Health of London during the Week.—(From the Registrar-General's Report.)—The deaths registered in London in the week ending last Saturday were 893. In the corresponding weeks of ten years (1840-9), the average was 970, which, if a certain proportion be added for supposed increase of population, becomes 1,058; the present rate of mortality, therefore, continues comparatively low, and the decrease of last week amounts to 165 deaths. The class of zymotic or epidemic diseases, exhibits in this return, 195 fatal cases. This is a lower number than in any corresponding week since that of 1846, when there were 179; in those of the three following years, the deaths from epidemic diseases were respectively 318, 430 and 608. Last week, small pox was fatal in 10 cases; measles in only 7; hooping cough in 27; scarlatina in 31. A death from the last mentioned cause occurred in Mill-street, St. James, Bermondsey; and Mr. Martin, the registrar, observes that out of 10 deaths which he registered during the week, 6, arising from various diseases, occurred within a few yards of the tidal ditch, Jacob's Island, "yet the intolerable nuisance remains unabated." The mortality from diarrhœa and dysentery continues to decline; the deaths which in a week of August rose to 155, have now fallen to 47. It is worthy of note that 13 deaths occurred in the workhouse, Whitechapel (north sub-district), all with one exception between the 27th September and 4th October; and of these, 7 were caused by diarrhœa, 2 by fever, and the remaining 4 by various causes. Seven deaths from cholera (five of which were among children) were registered last week, a number which is rather more than has been usual lately.

Besides the ordinary causes of mortality, a few cases of a special character, extracted from the returns of the week, deserve to be mentioned. Two men and a woman died from intemperance, besides a case of suicide during insanity, which was the result of the same habit. Another case of suicide is reported, in which a boy whose age was only twelve years, hanged himself when insane, and was suspended about ten minutes. Death did not ensue till three days afterwards. A boy of eight months died from anæmia (five weeks), following hæmorrhage from lancing the gums. Vaccination was fatal to a child by producing erysipelas. Two persons died of tic douloureux. The births of 680 boys and 722 girls, in all 1,402 children, were registered in the week.

The mean height of the barometer in the week at the Royal Observatory, Greenwich, was 29.537 in. The mean temperature was 52 deg., rather lower than the average of the same week in seven years. In the previous week it was 57 deg.

In St. George, Bloomsbury, at 22, Compton-street, on 3rd October, the wife of a licensed victualler, aged 43 years, died of "diarrhœa and ulceration of the bowels." "This is the second case," says Mr. Yardley, "of diarrhœa that has occurred within a few doors, in the same street, in less than a week; and about two months ago a case of diarrhœa was removed to this house, and terminated in typhus. A stable which is at the back of this house is used as a slaughter-house, and the informant states that at times the effluvium from it is most offensive in the lower part of the house; but she does not think that it affected the second-floor front room, in which the deceased lived, though it is possible that such

might have been the case. The deceased was on a visit from the country. In West-London, south sub-district, at 30, Plough-court, St. Andrew's, on 3rd October, the daughter of a shoemaker, aged 6, died of "diarrhœa (7 days)." Mr. Nason reports that "this court, in which the cholera raged last year, is deficient in ventilation, and overcrowded. Two rooms on the first-floor contain seven persons, the second-floor contains five, the third seven. Four persons have had scarlatina. In Bethnal-green, Hackney-road sub-district, at 30, Austin-street, on 27th September, the wife of a smith, aged 33 years, died of "malignant typhus (1 month)." Mr. Murray describes this as "a crowded street abutting on Shoreditch-churchyard."

MEDICAL INTELLIGENCE.

QUEEN'S COLLEGE, BIRMINGHAM.

The Michaelmas Term of this Institution was opened with the usual formalities on Tuesday last. At one o'clock the Right Hon. Lord Lyttelton, the Principal, took his seat in the Theatre, accompanied by the Vice-principal, the Rev. Chancellor Law, and the Rev. Vaughan Thomas. There were also present the Rev. Prebendary Gray, the Warden; the Revds. George Richards, W. Hunt, J. C. Barrett, H. H. Rose, Erdington; Greenside, E. H. Gifford, Head Master of King Edward's School; G. B. P. Latimer, T. C. Onion, Chamberlain, W. H. Hill, George Poole, John Aston, and Murray, Handsworth; J. Webster and J. E. Piercy, Esqrs., W. S. Cox, Esq., the Dean of the Faculty; Professors J. B. Davies, C. R. Kennedy, Nelson, Eccles, G. B. Knowles, D. Bolton, and L. Parker; Messrs. E. Armfield, T. Upfill, G. Taylor, E. T. Cox, D. Barnet, J. Boucher, T. P. Salt, J. B. Hebbert, &c. &c. Letters of regret at unavoidable absence were received from the Earls of Warwick and Howe, the Lord Bishop of the Diocese, R. Spooner, Esq., M.P., C. B. Adderley, Esq., M. P., and G. F. Muntz, Esq., M.P. The theatre was crowded in every part. W. Scholefield, Esq., M.P., and many other friends were unable to gain admittance.

The Right Hon. the Principal opened the business by observing that it was his intention to address only a few words to that assembly before proceeding to the regular and pleasing duty of the day, namely, the distribution of prizes to those who had honorably distinguished themselves during the past year. This was the period of the opening of the collegiate year, and it had been on former occasions the custom, if any events of especial importance had taken place during the year that had expired, to advert to them on these occasions. The first time he was called on to perform that function was five years ago, upon an occasion when the opening meeting was held in the Town Hall, and when, as being the first occasion on which the principles of the College were brought before the public, it seemed to him suitable, as holding the station of Principal, to explain at some little length the principles on which the Institution was founded. At that time, in 1845, the College had scarcely extended beyond the outline and basis of the first idea, namely, the provision for the students of medicine and surgery, with a due collegiate course of discipline and general instruction. That was still by far the leading and most important object the College had in view. He would not repeat the observations he then made relative to the peculiar importance of affording medical students that provision; but since that time events of great moment had occurred. He believed he presided in a similar manner to the present occasion in that building in 1847, since which time a larger development had been framed for the Institution by the able and energetic men who directed its fortunes; for, as for himself, he only gave it an occasional superintendence. He might have attempted some commendation of the system adopted in the College, were it not for the inaugural address delivered by the Rev. Prebendary Gray last year, who had entered so fully into all the points, that it would be needless for him (the Principal) to go over the ground again; for, indeed, the appointment of that gentleman was one of the most important and momentous steps for advancing the prosperity of the Institution, and it was impossible for him to exaggerate the benefit the College received from it. Referring therefore to that address, and looking back to the time that had elapsed since it was delivered, he was not aware of any circumstance of special interest that had occurred, which made it necessary for him to add anything to what was then urged. The report for the past year had been prepared, but from some misadventure was not placed in the hands of the members and friends of the Institution, but would be in a short time. The report, however, showed that the College had made that progress which was as favourable as its friends could wish. They would remember that the points adverted to in the address of the Rev. Warden were the additions proposed to the College, or rather made to the Institution, as a Medical College. It was considered that those gentlemen who there gained instruction, and devoted their lives to professional pursuits, should not be debarred, as they had too generally been, from the advantages of the true education of an English gentleman; and it was proposed that the advantages of instruction should be extended to other departments besides the profession of medicine and surgery. Thus a department of arts and a department of law had been added, to which the members of the College were admitted; and the latter had made a real and substantive beginning, and he hoped it would meet with that success which the eminent merits of Mr. Kennedy, who had been appointed the Professor, so highly deserved. The second branch which he thought it right to advert to was the engineering department, and that which was also of still greater importance, the theological study, which would receive from the authorities of the College most mature consideration and the most deliberate reflection, before it was placed in the hands of the ecclesiastical authorities of the country. But he was prepared to state that, although the theological department was not at present in a state of complete development, a basis had been laid on the best principle, on which a complete edifice might be erected in future years, such as would reflect credit on what was now the glory of the midland metropolis as a place of education, and that principle was, that as the continually increasing wants of the nation furnished ample grounds for increased instruction, these institutions should be multiplied, on the essential principle that whatever might be the peculiar professional object to which the lives of young men were to be devoted, in no one case should a due religious and moral discipline and general liberal education be omitted, which unfortunately had been confined too much to non-professional gentlemen. He did not wish to add anything more; and he would express his great satisfaction, and that of the Council, at the performances of all the young men who had sent in essays and to whom prizes had been awarded, and he would request some of the more distinguished friends of the College to present the young gentlemen to him.

The Rev. Vaughan Thomas having been called on, said he must be permitted to acknowledge the kind observations which had fallen from the lips of the noble Principal in recognizing him as a friend of the Institution, for, in respect to an affectionate concern for the welfare of the College, he might be so recorded. Before proceeding to the discharge of the duty delegated to him, to present the prizes to some of those who had distinguished themselves as students in the Institution, he would first ask his young friends to bear in mind the observations of the noble Chairman, who had been himself a distinguished student at one of the Universities, and who brought to the consideration of the question a large amount of personal experience. He would then pass on to the religious purposes of that distinguished and munificent patron and friend of the College, Dr. Warneford, who entertained the conscientious desire of coupling scientific researches with revealed truth, and wished to unite among the students soundness of faith with searching philosophy, which was the reason why he laid such stress on the evidence of the Scriptures in illustrating the wisdom, power, and goodness of God; and to bring forward by the most minute analysis instances of God's truth, not only through Holy Writ, but also by the phenomena of nature—by the dissecting knife, by chemical and microscopic agency, and diving into the recesses of nature, to show how perfectly they harmonized with the declarations of the Scriptures touching the attributes of the Almighty. The Rev. gentleman went on to say that he could not but refer to the high gratification he had experienced in attending the College Chapel, where he heard a body of ingenuous youths commencing the labours of the day by habitual prayer to the Almighty. *He could not but reflect that such a thing was unheard of amongst medical students until it was commenced in this Institution.* The religious character of the College was its most prominent and beautiful feature, and he must impress upon his hearers that true religion was the surest foundation of success in life.

The Rev. Vaughan Thomas then presented to Messrs. Roland and Blake the Warneford gold medals for Essays.

The Rev. Chancellor Law rose and said that, considering the great exertions and industry which had been exercised by all the competitors, he begged leave to add, on this occasion, an extra prize, which had been adjudged to Mr. Lowe.

The following prizes were then given in succession by J. Piercy, Esq., the noble President, the Rev. G. Richards, the Rev. William Hunt, &c.:—

Gold Medal.—For regularity of attendance at lectures and examinations, and good conduct during three years.—Higgs.

The Warneford Scholarships.—Franks, Wilkinson.

Professors' Medals—Anatomy.—First medal and certificate, Lowe; second certificate, æq. Darwen, Freer.

Surgery.—First medal and certificate, Darwen; second certificate, Freer.

Medicine.—First certificate, Russell.

Materia Medica.—First medal and certificate, Banks; second certificate, Wilkinson.

Botany.—First medal and certificate, Franks; second certificate, J. Fox.

Forensic Medicine.—First medal and certificate, Russell; second certificate, Wrigglesworth.

Midwifery.—First medal and certificate, Wrigglesworth; second certificate, Russell.

Demonstrator's Prize.—Lowe, Darwen, Freer, æq.

The Warden's Theological Prize, Senior Class.—Banks. *Junior Class.*—Alban Davies.

The Piercy German Prize.—Lambert.

The French Master's Prize.—Lambert.

Mathematical Tutor's Prize.—Alban Davies.

London University Certificates, Matr. Exam.—First class, Arden, Davis, De Mierre, Webb; second class, Eland, Ffolliot.

The Rev. Prebendary Gray, Warden of the College, said that he had the pleasure of introducing to the Principal, Mr. Franks and Mr. Wilkinson, the successful competitors for the vacant Warneford Scholarship. They had complied with the requisitions of the founder of the Scholarship in having been most constant in their attendance on Divine Service, and on the religious instruction provided in the College by another foundation of their great benefactor Dr. Warneford; and they had manifested by the examination which they had passed, that this had not been a mere punctual formality, but that they had apprehended and retained the instruction communicated. The rev. gentleman also moved a vote of thanks to the noble Principal for his kind attendance that day, and also for the address with which he had favoured them. He felt he need not characterise that address as its merits had already been alluded to by a gentleman far more able than himself; but he must observe that in all the remarks that fell from that noble Lord he recognized the results of intellectual labour, and those academical advantages which were offered to every student in that Institution. His diligence, his labour, his unremitting assiduity at the University of Cambridge, gained for his Lordship the first place in his year; and the judgment and energy which he directs to every subject have now secured for him a lasting harvest of the seed sown in his earlier years of intellectual toil. The students had the bright example of the noble Principal before them; and by the same diligence and study, and by availing themselves of the same advantages, they could not fail to receive similar honours and obtain similar success. Their lot assuredly was not cast so high, but they would no doubt be important in their place and generation, and in proportion as they availed themselves of the opportunities now afforded to them, would be the benefits they would be able to confer on their fellow-countrymen in future years. The years of youth once neglected would never be recalled; and not only the honour of the Institution in which they were incorporated, but the earnest wishes of their friends, and their prospects in after-life, combined to urge upon them the necessity of diligence and serious application. Mr. Gray urged the necessity of mental cultivation and moral conduct, at some length; he thought his remarks consistent with the office he held in the Institution, and he trusted his young friends would receive them in a spirit of kindness, as coming from one who felt the deepest interest in their present welfare and future success.—The proposition having been seconded, was passed by acclamation.

Lord Lyttelton acknowledged the compliment in a few words; and the proceedings terminated.

The British Medical Fund—a Provident and Relief Society, for Medical Men, their Widows, and Orphans.—When we come to reflect upon the vicissitudes that beset the members of the medical profession, and the uncertainty that appertains to their temporal condition in every situation in which they are placed, from the very commencement to the termination of their eventful career, we confess we are astonished that a society similar to the British Medical Fund should not have been in existence for many years, and that a brief announcement of its highly flourishing condition was the only notice it required at our hands. Much to our regret, however, this society is of very recent formation, the present year being the first of its existence. Although the British Medical Fund has no past history to refer to, we fully believe it will, at no distant period, realize all the good its benevolent promoters anticipate from it. The want of such a society is undeniable, and the principal feature in its constitution, namely, that benefits hereafter accruing to a widow or children, or even to an individual himself, are made to depend upon his having established a claim by savings, no matter how small, effected by himself, is a rule so unquestionably sound in principle, that we have no doubt whatever that it will be found to answer admirably in its practical application. We wish we could afford space for the prospectus entire; it is an admirably drawn up document, and well deserves perusal. We cannot at present devote the space requisite for its insertion, but we heartily commend the British Medical Fund to the attention of our readers, and we strongly advise them all to become members. The offices of the society are 28, Bloomsbury-square. In connexion with this subject, we insert the following announcement, taken from the *Times* newspaper, and we throw out the suggestion—whether an application could not be made to the generous Miss Howard, through the honourable gentlemen named as trustees, praying that the widows of members of the medical profession might also be made eligible to participate in her bounty.

"Munificent Charity.—45,000*l.* in money and land has been assigned over to trustees by Miss Howard, of York-place, for the following uses:—To erect 21 houses on her property at Pinner, near Harrow, in the form of a crescent; the centre house for the trustees—the other 20 houses for the sole use of 20 widows, who are to occupy them free of rent and taxes, and to receive also 50*l.* a-year, or more if the funds will allow. The widows of naval men to have the preference, then those of military men, and lastly those of clergymen. None but persons of good character to be eligible; the parties to be selected or dismissed for misconduct, by the trustees. The deed is enrolled and confirmed in Chancery under the approbation of the Lord Chancellor. Trustees appointed—the Earl of Fingall, K.P., and W. A. Mackinnon, M.P."

CORRESPONDENCE.

The following circular letter, which has been addressed by the Committee of General Practitioners to the members of the Council of the National Institute, affords us great satisfaction. It is one of the best proofs that could be given, that the principles upon which this journal is established, are those which are likely to meet with the cordial support of the great body of General Practitioners and of the profession at large.

THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

Sir,—I am directed by the Committee of Council to acquaint you, that the first number of a new Medical periodical has just been published, which, although not emanating from the National Institute of Medicine, Surgery and Midwifery, has been established for the purpose of advocating those principles which for the last five years have animated the exertions of the Council of the National Institute. The Committee desire to urge upon you the importance of affording the warmest support to a periodical, ably conducted, calculated to inspire confidence in its attachment to the interests of the General Practitioner, and powerfully to promote the status and independence of that body.

You will effectually promote these objects by affording your assistance in forwarding the circulation of the *Institute* among your medical friends, but more especially by contributing Cases, Information, or Essays suited to the pages of a weekly journal.

I am, sir, your obedient servant,

HERBERT WILLIAMS, Secretary, *pro tem.*

4, Hanover-square, October 8, 1850.

(*To the Proprietors and Editors of the Institute.*)

Gentlemen,—I beg to acknowledge the receipt of the first number of your new journal, to express the satisfaction I felt on its perusal, and my approbation of the principles upon which it is founded. It appears to me to be eminently calculated to supply a want, long felt by the General Practitioner, of a journal conducted upon scientific and liberal principles, advocating the claims of that class, and affording an opportunity of communication between its members.

I confidently trust that your endeavours will meet with the cordial support of the profession, and that the communications to your journal will exhibit to the public, that the General Practitioners are not so degraded, as a class, as the College of Surgeons would endeavour to make them. It has always appeared to me

most unaccountable that the Council should be so inattentive to the interest of its members, by whose contributions the College has been supported, and that they should, in so many ways, have attempted to degrade them ; asserting at one time, that they are only fitted for ordinary exigencies ; whereas, in their diploma, they certify that "they have deliberately examined the party, and find him fit and capable to exercise the *science* and *art of surgery*."

I beg to conclude this hasty communication, in the words of Mr. Lawrence, in one of his lectures before the College, before he became identified with the proceedings of the Council. "The true dignity of the profession, in which every individual member is a sharer, will be best promoted, not by *partial* privileges and *arbitrary exclusions*—not by anything which royal charters or legal enactments can bestow or withhold, but by that scientific cultivation and honourable practice which constitute the only just claim to public esteem and confidence."

With sincere wishes for the success of your present undertaking,
I beg to subscribe myself, your obedient servant,
NATH. CLIFTON.

30, Cross-street, Islington.

THE INSTITUTE.

LONDON, OCTOBER 12, 1850.

THE opposition of the *Medical Times* to the Bill introduced into Parliament during the last session, by the General Practitioners, is founded upon the clause which sanctions reciprocity of practice for the United Kingdom. On account of this clause, we are informed the Bill is undesirable. On this question we join issue with the *Medical Times*. We hold that reciprocity of practice, founded upon a uniformly high standard of qualification, is most desirable for all parties. Let us look to the principle. Can it be expected that the British Parliament will legislate for the medical profession upon any other basis? While all legislation of late years has been upon the principle of rendering England, Ireland, and Scotland a *United* Kingdom, is it to be expected that Parliament, in any future law, would prevent any medical man educated in Scotland or Ireland from practising in England; or educated in England, Ireland, or Scotland, from practising in any part of the British Empire? The idea is absurd; and no sensible man would be a party to a Bill with any such broad restriction.

That such is the case, is shown by the fact, that every Bill introduced, from whatever party, of late years, has admitted the principle. In the last Bill prepared by the Conference at the Royal College of Physicians, reciprocity of practice was adopted as one of its leading principles; and the Universities of Scotland agreed to raise the standard of qualification by age, for the degree of Doctor, to 26 years, instead of 21 years, as it now stands, for the express purpose of meeting the required condition of the proposed reciprocity, which renders a uniformly high standard of qualification imperative.

But leaving this apart for a moment. In the absence of a legal recognition of the reciprocity, and in the face of the legal restrictions which at present exist, rendering it penal for a man educated in Scotland or Ireland to practise in England, what is the fact? Are not Scotch and Irish doctors, and Scotch and Irish surgeons, and Irish apothecaries in practice all over the country, in defiance of the law? And why in defiance of the law? Obviously, because the law is contrary to the principles which ought to guide our legislation; public opinion is against it, and the authorities dare not enforce the law.

The *Medical Times* has cast into the shade the condition of reciprocity proposed by the Bill of the General Practitioners—viz., a uniformly high standard of qualification. This is an essential feature of the clause. The *Medical Times* may stigmatize the attempt "to equalize the severity of the examinations of all the licensing bodies in the kingdom, as mere moonshine." So no doubt it would be; but no party ever contemplated such an attempt. In exemplification of the effect of the clause, it would be imperative in this—that practitioners educated in Scotland or Ireland, desiring to practise in England, must give proof to the examining body in England, that their education has been complete in all the branches of science and practice, and that the standard of qualification and examination is quite as high as that required by the examining body in England. Connecting this clause with the eighth, by which no man can present himself for his examination and licence to practise until he has attained the age of 22 years, the Colleges in the Sister Kingdoms must raise their standard, as respects age, to 22 instead of 21 years, if they wish their graduates to be enabled to practise as general practitioners in England. They may make their standard of qualification, in any respect, as much higher than that adopted in England as they please. It is not imperative that the whole should be uniform. The words of the clause only imply that there shall be a uniform *minimum* of qualification, and that such minimum shall be a high standard, without which it shall not be competent for any individual to enter the portals of the medical profession.

The tenth clause is in accordance with the liberal sentiment of the General Practitioners of this country. We believe there is scarcely an individual, however high his reputation, or however large—or small—his professional emoluments, who would shrink from, or make any attempt to prevent fair competition with those whose education is a guarantee of honourable rivalship. Let a practitioner settle down in any town in England, if he be a gentleman, and an educated member of his profession, he is immediately received with every mark of friendship by his professional brethren, without any narrow considerations of self-interest. The profession complains of the inroads made into its ranks by half-educated individuals, sometimes possessing high-sounding titles; and of unqualified or partially-qualified men, who, in proportion to their want of general education and knowledge of their profession, are devoid of those high principles which would make them scorn to perpetrate a meanness for their own aggrandizement. The encroachments which the profession complains of are those made, through the public credulity, by dishonest persons, who stoop to vile acts of misrepresentation for the purposes of self-laudation and damaging the reputation of others; acts which are alike injurious to the interests of medicine as a science and as a profession, and to the interests of the public at large.

The reciprocity clause of the Bill before Parliament is calculated to abate this nuisance; while human nature is as it is, there is no hope of entirely preventing it; but, taken with the context, we have no hesitation in declaring that this is the right principle of reform. Adopt every practicable safeguard to ensure a liberal education for every member of the profession, and the line of demarcation between the professional man and the pretender will soon be manifest to the public eye. This is the legitimate method of thinning the heterogeneous and too-densely thronged ranks of the profession, as it now exists.

The proposal of the General Practitioners to admit members of the profession with a University degree into their body without an additional examination, provided their edu-

cation in the practical branches of medicine, surgery, and midwifery is equivalent to that prescribed by their own curriculum, and that they have already been efficiently tested by examinations, indicates their inclination to carry out a principle of reciprocity in good faith. It is calculated to encourage a University standard of general education for the General Practitioners as a body. By the terms of the Bill, the General Practitioners say—the question with us is not so much where a man has obtained his education, or who has tested it, as—whether he has been properly educated, and whether his qualifications have been duly tested? The desire for a new College is not to create an educational monopoly, but for other most important objects. If every future member, after the establishment of the new College, should take a degree of the highest value at London or Edinburgh, or any other University of the United Kingdom, and the examinations of the new College were completely superseded, the result would be an index of the march of professional improvement, and would be hailed by the General Practitioners as a triumph of the age in which it occurred.

The *Medical Times*, in a vein of prophetic inspiration, ventures several predictions on the effects of this measure. It is to pauperise the College of Surgeons, insult the College of Physicians, close the schools in London, or, as we read elsewhere, ruin theLondon teachers; and, as to the General Practitioners, it is to render them forsooth worse than they are. Availing ourselves of *the* poetical simile adopted by the prophet,—*this* is all "*moonshine*." But since it is highly important that the profession should be advised of the bearings of the reciprocity-clause which has been introduced into all the Bills, we shall treat these reveries seriously, and return to the subject on a future occasion.

QUACKERY.

We will not compromise our character for penetration and the knowledge of mankind, by asserting that it is possible by any means to extinguish quackery. Folly and ignorance, knavery and avarice, are too deeply engrained in human nature to be wholly purged out by any appliance of reason, even seconded by the most comprehensive and minute enactments of the law. The influence of common sense and of truth must necessarily, at present, be far from universal; nevertheless, it behoves every lover of truth and every genuine philanthropist to encourage the hope that the germs of right thinking and acting will, if sown in good faith, propagate in the actual state of society. In scriptural phrase, "In the morning we must scatter the seed, and in the evening withhold not our hand," assured that it will not altogether be in vain. The simple exposure to the light of day of the falsehood and fraud involved in medical quackery, of the danger to health and life incurred by its abettors, will preserve many simple persons from becoming its victims, and will enlist the sympathies and assistance of the better informed and educated, in the study of true science and right reason.

The practice of the art of healing, as pursued by the regular practitioner, is founded upon the experience of ages; upon a minute knowledge of the structure and functions of the human frame, elucidated by comparison with the myriad forms of living beings, and the organization even of innumerable creatures which have ceased to live; upon the laws of nature as they affect health and life, the influence of artificial habits, food, aeriform poisons, and whatever can tend to the production or aggravation of diseases; upon an extensive acquaintance with innumerable agents supplied by nature for their cure or alleviation; upon accumulated observations of the symptoms of disease, and the precise application of remedies. Truth is the object of our studies, and confidence in the stability of nature the basis of our practice. Learning, acumen, distinction, a clear judgment, and a ready mind, are the qualifications aimed at in all our mental training; and, making every allowance for the diversity of character, and the variety of attainments manifested by individuals, we unhesitatingly assert that there is no body of men better qualified for their office and duties, than the properly educated medical practitioners of Great Britain.

Standing on this high vantage ground, it has been alleged by many, that we may well disregard and treat with silent contempt all the various forms of quackery which from time to time arise and spread, well assured that like others now forgotten they will quickly decay and ultimately perish. But we hold that whatever may be thought of the past, this is not the true policy at present. The state of the press, and the facility with which every new folly finds aiders and abettors, are sufficient motives to abandon a mere passive and defensive position. Silence is held to be acquiescence, and we constantly hear from the wretched victims, "why does not the profession unite to expose and suppress the evils you so clearly depict?" If, indeed, the profession would arouse and carry out a system of active hostility to the course of every species of quackery, many which now may be almost said to triumph over us would quickly be made to succumb. There are many circumstances at the present moment, which would seem to indicate it, as most propitious to success, were an honest, hearty, uncompromising endeavour made for the suppression of quackery. We have a government which shows no hesitation to enter upon measures of social reform, and which does not deem it to be below the dignity of a government to care for the health and lives of the people. No man can doubt the expediency and propriety of its recent sanitary measures; no sane man can call in question the justice of enforcing better drainage, the removal of accumulations of filth, the cleansing of crowded habitations,—in short, of exercising, by means of legal enactments and penalties, a control over individuals who in the pursuit of their own private interests would endanger the health and lives of their neighbours.

Now we maintain, and are prepared to prove, that a hundredfold more mischief is produced by medical quackery than by all the sewers and cesspools which the new laws can purify or abolish. The list of deaths from diseases in their nature curable, and of persons in youth or the prime of life, as they are presented to us by the Registrar-General, if fairly referred to their respective causes, would show a fearful preponderance in favour of quackery. Let the reader only reflect upon the consequences of treating incipient inflammations or ulcerations of external organs with the globules of the homœopathist, the wet sheets of the hydropathist, vegetable pills, or, what is equally bad, the *little dose* of the over-counter-practising chemist, and consider how generally these measures are resorted to before the regular practitioner is called in, and he will see that we have substantial reasons for our assertions and our inference.

And if the truth respecting the pernicious influence of these forms of quackery were set forth with the prominency it deserves, and illustrated by the overwhelming mass of evidence which the profession could supply, were they for once heartily to co-operate for the purpose, can we for a moment suppose that an enlightened government would hesitate to

enact a stringent and effective anti-quackery law? Is it indeed possible that any government could subject itself to the inconsistency involved in the enforcement of the sanitary measures recently made part of the law of England, and refuse to adopt means to suppress and remedy worse evils, more flagrant and obvious wrongs inflicted upon society?

It may, however, be alleged that the cases are so different as to afford in fact no parallel. When a manufacturer heaps up the refuse of his materials, or a builder erects an inefficient drain, the resulting evils fall, not on themselves, but on their neighbours, and it is for their protection the law was enacted; whereas the quack cannot administer his poisonous drugs, or follow his murderous calling, except men willingly accept his services. In answer to this, we say that the great mass of our population is, and must be, in a state of ignorance which renders them wholly incapable of discriminating, in the case of sickness, to whom they can safely apply for relief. It is utterly impossible to educate men so as efficiently to remedy this evil. The rich and the poor are alike and almost equally the dupes of knaves and the victims of quackery. In enforcing a proper education upon medical men to whom the lives of the army and navy are entrusted, the Government recognised the necessity of some control in the matter. Then it becomes a necessity of state economy. Suicide is felony. The entire press has agreed that the sale of poisons ought, if it were practicable, to be controlled by legislative enactments. An entire liberty is in no case admitted by any state, except in this, of quackery. It is therefore an exception to give perfect freedom for knaves to delude, and for ignorance and simplicity to be defrauded of money and life, without any check or hinderance from the law. Are there not penalties, and severe ones too, enforced against anyone acting as an attorney, and tampering with men's property, without qualification and legal license? Is there no law against gambling, although no one is defrauded of his money at the gaming-table against his will? Are the majority of men better judges of matters relating to health and sickness than in the management of their estates or the care of their money?

We believe that in every point of view, whether of reason or policy, it is the bounden duty of Government to use every means within its power and sphere to put down quackery; and at no period of our social history were there more, or more fraudulent or more wicked and mischievous forms of delusion practised upon English society than at present.

We purpose to dedicate some space of our Journal to this subject—to sketch out a practical and practicable mode of proceeding to secure that most desirable object, a *Legislative Enactment against Quackery*. And we call upon every one who reads this article to aid us in furtherance of this design, by such information as every medical man can supply from his own experience, special instances of the frauds of quacks, and the follies and sufferings of their victims.

We have introduced, in another part of the journal, the Report in full of the opening of Queen's College, Birmingham, for the present session. It is typical of the improvement taking place in the education of the future members of the Medical Profession, and of the Reform which surely, although tardily, is forcing itself upon the profession. The proceedings there detailed are in accordance with that radical and comprehensive Reform which it will be the business of this journal to advocate. We see the public and the profession, as in King's College, and University College, London, acknowledging a community of interests. We suspect the Rev. Mr. Thomas has fallen into a slight error with respect to the precedent of medical students attending chapel, that having been the custom at King's College, London, from the original foundation of the school; but we presume the error occurred in the enthusiasm of the moment.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

In this department of the *Institute* we purpose to supply the General Practitioner with a compendium of the progress of Medical, Surgical, and Obstetrical Science and Practice, as recorded in the Medical literature of the day, British and Foreign. Our object will be especially directed to improvements available in actual practice. We shall number every article in a continuous series for each volume, and publish a general nosological reference at the termination of each volume. Accordingly, this compendium will exhibit no arbitrary divisions whatever.

V. Case of Perforation of the Skull and Brain with an Iron Rod, an inch and a quarter in diameter, and three feet seven inches in length. —Recovery.—[If the evidence upon which the following case is founded be deemed satisfactory, the case is perhaps the most extraordinary one on record, of *recovery after injury of the head;* and the care with which the facts appear to have been collated, leaves no sufficient room to doubt their validity.]

The accident occurred upon the line of the Rutland and Burlington Railroad, on the 13th of September, 1848. The subject of it, Phineas P. Gage, is of middle stature, twenty-five years of age, shrewd and intelligent. According to his own statement, he was charging with powder a hole drilled in a rock, for the purpose of blasting. It is customary, in filling the hole, to cover the powder with sand. In this case, the charge having been adjusted, Mr. Gage directed his assistant to pour in the sand; and at the interval of a few seconds, his head being averted, and supposing the sand to have been properly placed, he dropped the head of the iron as usual upon the charge, to consolidate or "*tamp it in.*" The assistant had failed to obey the order, and the iron striking fire upon the rock, the uncovered powder was ignited and the explosion took place. Mr. Gage was at this time standing above the hole, leaning forward, with his face slightly averted; and the bar of iron was projected directly upwards in a line of its axis, passing completely through his head and high into the air. The wound thus received, and which is more fully described in the sequel, was oblique, traversing the cranium in a straight line from the angle of the lower jaw on one side to the centre of the frontal bone above, near the sagittal suture, where the missile emerged; and the iron thus forcibly thrown into the air, was picked up at a distance of some rods from the patient, smeared with brains and blood.

From this extraordinary lesion the patient has quite recovered in his faculties of body and mind, with the loss only of the sight of the injured eye.

The iron which thus traversed the skull weighs thirteen pounds and a quarter. It is three feet seven inches in length, and one inch and a quarter in diameter. The end which entered first is pointed; the taper being seven inches long, and the diameter of the point one quarter of an inch,—circumstances to which the patient, perhaps, owes his life.

Dr. Harlow states that "immediately after the explosion the patient was thrown upon his back, and gave a few convulsive motions of the extremities, but spoke in a few minutes. His men (with whom he was a great favourite) took him in their arms and carried him to the road, only a few rods distant, and sat him into an ox cart, in which he rode, sitting erect, full three quarters of a mile, to the hotel of Mr. Joseph Adams, in this village. He got out of the cart himself, and, with a little assistance, walked up a long flight of stairs, into the hall, where he was dressed.

Mr. Joseph Adams states that Mr. Gage rode to the house, three-quarters of a mile, sitting in a cart, and walked from the cart into the piazza, and thence up stairs, with but little assistance. Mr. Adams noticed the state of the left eye, and knew, from experiment, that he could see with it for several days, though not

distinctly. In regard to the elevated appearance of the wound, and the introduction of the finger into it, he could fully confirm the certificate of his nephew, Washington Adams, and others, and adds, that he repeatedly saw him eject matter from the mouth similar in appearance to that discharged from the head. The morning subsequent to the accident he went in quest of the bar, and found it at a smith's shop, near the pit in which he was engaged.

The men in his pit asserted that "they found the iron, covered with blood and brains," several rods behind where Mr. Gage stood, and that they washed it in the brook, and returned it with the other tools; which representation was fully corroborated by the greasy feel and look of the iron, and the *fragments* of *brain* which he SAW upon the rock where it fell.

The Rev. Joseph Freeman went to the place where the accident happened, soon after its occurrence. He found upon the rocks, where he supposed he had fallen, a small quantity of brains. There being no person at this place, he passed on to a blacksmith's shop, a few rods beyond, in and about which a number of Irishmen were collected. As he came up to them, they pointed out to him the iron, which has since attracted so much attention, standing outside the shop-door. They said they found it covered with brains and dirt, and had washed it in the brook. The *appearance* of the iron corresponded with this story. It had a greasy appearance, and was so to the touch.

The patient was first seen by Dr. Williams, the assistant of Dr. Harlow, about twenty-five or thirty minutes after the accident. He was sitting on a chair upon the piazza of Mr. Adams' Hotel, in Cavendish. Dr. Williams first noticed the wound upon the head before he alighted from his carriage, the pulsations of the brain being very distinct; there was also an appearance which, before he examined the head, he could not account for. The top of the head appeared somewhat like an inverted funnel; this was owing, he discovered, to the bone being fractured about the opening for a distance of about two inches in every direction. The opening through the skull and integuments was not far from one and a half inch in diameter; the edges of this opening were everted, and the whole wound appeared as if some wedge-shaped body had passed from below upward. Mr. Gage, during the time Dr. Williams was examining this wound, was relating the manner in which he was injured to the bystanders; he talked so rationally, and was so willing to answer questions, that Dr. W. directed his inquiries to him in preference to the men who were with him at the time of the accident, and who were standing about at this time. Mr. G. then related to him some of the circumstances, as he has since done; and he asserts that neither at that time, nor on any subsequent occasion, save once, did he consider him to be other than perfectly rational. The one time referred to, was about a fortnight after the accident, and then he persisted in calling Dr. W., John Kirwin; yet he answered all his questions correctly.

Dr. Williams did not believe Mr. Gage's statement at that time, but thought he was deceived; Dr. W. asked him where the bar entered, and he pointed to the wound on his cheek, which he had not before discovered; this was a slit running from the angle of the jaw forward about one inch and a half; it was very much stretched laterally, and was discoloured by powder and iron rust, or at least appeared so. Mr. Gage persisted in saying that the bar went through his head: an Irishman standing by, said, "Sure it was so, sir; for the bar is lying in the road below, all blood and brains." The man also said he would have brought it up with him, but he thought there would be an inquest, and it would not do.

About this time, Mr. G. got up and vomited a large quantity of blood, together with some of his food; the effort of vomiting pressed out about half a teacupful of the brain, which fell upon the floor, together with the blood, which was forced out at the same time. The left eye appeared more dull and glassy than the right. Mr. G. said he could merely distinguish light with it.

Soon after Dr. Harlow arrived, Mr. Gage walked up stairs, with little or no assistance, and lay down upon a bed, when Dr. H. made a thorough examination of the wounds, passing the whole length of his forefinger into the superior opening without difficulty; and my impression is that he did the same with the inferior one, but of that I am not absolutely certain; after this we proceeded to dress the wounds. During the time occupied in dressing, Mr. G. vomited two or three times fully as freely as before.

From their appearance, the fragments of bone being uplifted and the brain protruding, it was evident that the fracture was occasioned by some force acting from below upward. The scalp was shaven, the coagula removed, together with three small triangular pieces of the cranium; and in searching to ascertain if there were other foreign bodies there, he passed in the index finger its whole length, without the least resistance, in the direction of the wound in the cheek, which received the other finger in like manner. A portion of the anterior superior angle of each parietal bone, and a semicircular piece of the frontal bone, were fractured, leaving a circular opening of about three and a half inches in diameter. This examination, and the appearance of the iron, which was found some rods distant, smeared with brain, together with the testimony of the workmen, and of the patient himself, who was still sufficiently conscious to say that "the iron struck his head and passed through," was considered at the time sufficiently conclusive to show not only the nature of the accident, but the manner in which it occurred.

Dr. Harlow did not probe the wound.

The spiculæ of bone having been taken away, a portion of the brain, which hung by a pedicle, was removed, the larger pieces of bone replaced, the lacerated scalp was brought together as nearly as possible, and retained by adhesive straps, excepting at the posterior angle, and over this a simple dressing—compress, nightcap, and roller. The wound in the face was left patulous, covered only by a simple dressing. The hands and forearms were both deeply burned nearly to the elbows, which were dressed, and the patient was left with the head elevated, and the attendants requested to keep him in that position.

10 P.M., same evening.—The dressings are saturated with blood, but the hemorrhage appears to be abating. Has vomited twice only since being dressed. Sensorial powers remain as yet unimpaired. Says he does not wish to see his friends, as he shall be at work in a day or two. Tells where they live, their names, &c. Pulse 65; constant agitation of the lower extremities.

14th, 7 A.M.—Has slept; appears to be in pain; speaks with difficulty; tumefaction of face considerable, and increasing; pulse 70; knows his friends and is rational. Asks who is foreman in his pit. Hemorrhage internally continues slightly. Has not vomited since 12 P.M.

15th, 9 A.M.—Has slept well half the night. Sees objects indistinctly with the left eye, when the lids are separated. Hemorrhage has ceased. Pulse 75. 8 P.M., Restless and delirious; talks much, but disconnected and incoherent. Pulse 84, and full. Prescribed half a fluid drachm of colchicum wine, every six hours, until it purges him. Removed the nightcap.

16th, 8 A.M.—Patient appears more quiet. Pulse 70. Dressed the wounds, which in the head have a fetid sero-purulent discharge, with particles of brain intermingled. No discharge from bowels. Ordered one ounce of sulphate of magnesia, repeated every hour until it operates. Iced water to the head and eye. A fungus appears at the external canthus of the left eye. Says "the left side of his head is banked up."

17th., 8 A.M.—Pulse 84. Purged freely. Rational, and knows his friends. Discharge from the brain profuse, very fetid and sanious. Wounds in face healing.

18th., 9 A.M.—Slept well all night, and lies upon his right side. Pulse 72; tongue red and dry; breath fetid. Removed the dressings, and passed a probe to the base of the cranium, without giving pain. Ordered a cathartic, which operated freely. Cold to head. Patient says he shall recover. He is delirious, with lucid intervals.

19th., 8 P.M.—Has been very restless during the day; skin hot and dry; tongue red; excessive thirst; delirious, talking incoherently with himself, and directing his men.

20th and 21st.—Has remained much the same.

22nd., 8 A.M.—Patient has had a very restless night. Throws his hands and feet about, and tries to get out of bed. Head hot. Says "he shall not live long so." Ordered a cathartic of calomel and rhubarb, to be followed by castor oil, if it does not operate in six hours. 4 P.M. Purged freely twice, and inclines to sleep.

23rd.—Rested well most of the night, and appears stronger and more rational. Pulse 80. Shaved the scalp a second time, and brought the edges of the wound in position, the previous edges having sloughed away. Discharge less in quantity and less fetid. Loss of vision of left eye.

From this time until the 3rd of October he lay in a semi-comatose state, seldom speaking unless spoken to, and then answering only in monosyllables. During this period, fungi started from the brain, and increased rapidly from the orbit. To these was applied nitrate of silver cryst, and cold to the head generally. The dressings were renewed three times in every twenty-four hours; and in addition to this, laxatives, combined with an occasional dose of calomel, constituted the treatment. The pulse varied from 70 to 96,—generally very soft. During this time an abscess formed under the frontalis muscle, which was opened on the 27th, and has been very difficult to heal. Discharged nearly eight ounces at the time it was punctured.

Oct. 5th and 6th.—Patient improving. Discharge from the wound and sinus, laudable pus.

7th.—Has succeeded in raising himself up, and took one step to his chair, and sat about five minutes.

11th.—Pulse 72. Intellectual faculties brightening. When I asked him how long since he was injured, he replied, "Four weeks this afternoon, at half-past four o'clock." Relates the manner in which it occurred, and how he came to the house. He keeps the day of the week and time of day in his mind. Says he knows more than half of those who inquire after him. Does not estimate size or money accurately, though he has memory as perfect as ever. He would not take one thousand dollars for a few pebbles which he took from an ancient river bed where he was at work. The fungus is giving way under the use of the cryst. nitrate of silver. During all this time there has been a discharge of pus into the fauces, a part of which passed into the stomach, the remainder being ejected from the mouth.

20th.—Improving. Gets out and into bed with but little assistance. Sits up thirty minutes twice in twenty-four hours. Is very childish. The wound in the scalp is healing rapidly.

November 8th.—Improving in every particular, and sits up most of the time during the day. Appetite good, though he is still kept upon a low diet. Pulse 65. Sleeps well, and says he has no pain in the head. Food digests easily, bowels regular, and nutrition is going on well. The sinus under the frontalis muscle has nearly healed. He walks up and down stairs, and about the house, into the piazza, and I am informed this evening that he has been in the street to-day. I leave him for a week, with strict injunctions to avoid excitement and exposure.

15th.—I learn, on inquiry, that Gage has been in the street every day except Sunday during my absence. His desire to be out and to go home to Lebanon, has been uncontrollable by his friends, and he has been making arrangements to that effect. Yesterday he walked half a mile, and purchased some small articles at the store. The atmosphere was cold and damp, the ground wet, and he went without an overcoat, and with thin boots. He got wet feet and a chill. I find him in bed depressed and very irritable. Hot and dry skin; thirst; tongue coated; pulse 110; lancinating pain in left side of head and face; rigors, and bowels constipated. Ordered cold to the head and face, and a black dose to be repeated in six hours if it does not operate. He has had spiculæ of bone pass into the fauces, which he expelled from the mouth within a few days.

16th, A.M.—No better. Cathartic has operated freely. Pulse 120; skin hot and dry; thirst and pain remain the same. Has been very restless during the night. Venesection, sixteen fluid ounces. Ordered ten grains of calomel and two grains of ipecacuan, followed in four hours by castor oil.

8 P.M., same day.—Purged freely; pulse less frequent; pain in head moderated; skin moist. Three grains of antimony and tartrate of potass, and six fluid ounces of simple syrup. Dose, a dessert-spoonful every four hours.

17th.—Improving. Expresses himself as "feeling better in every respect;" has no pain in the head.

18th.—Is walking about the house again: says he feels no pain in the head, and appears to be in a way of recovering if he can be controlled.

Remarks.—The above accounts from different individuals concur in assigning to the accident a common cause. They are selected as the most complete among about a dozen of similar documents forwarded to me by Dr. Harlow, who was kind enough to procure them at my request, and which bear the signature of many respectable persons in and about the town of Cavendish, and all corroborative of the circumstances as here detailed. The accident occurred in open day, in a quarry in which a considerable number of men were at work, many of whom were witnesses of it, and all of whom were attracted by it. Suffice it to say, that in a thickly populated country neighbourhood, to which all the facts were matter of daily discussion at the time of their occurrence, there is no difference of belief, nor has there been, at any time, doubt that the iron was actually driven through the brain. A considerable number of medical gentlemen also visited the case at various times to satisfy their incredulity.

Assuming the point that the wound was the result of a missile projected from below upwards, it may be asked whether the wound might not have been made by a stone, while the bar was at the same moment thrown into the air. It may be replied in answer, that the rock was not split, nor, as far as could be learned, disintegrated. Besides, an angular bit of stone would have been likely to have produced quite as much laceration as the bar of iron, and it is in fact possible that the tapering point of the latter divided and repelled the soft parts, especially the brain, in a way that enabled the smooth surface of the iron to glide through with less injury. And assuming the only possible hypothesis, that the round bar followed exactly the direction of its axis, the missile may be considered as a sphere of one and a quarter inches diameter, preceded by a conical and polished wedge.

The patient visited Boston in January 1850. His head, now perfectly healed, exhibits the following appearances:—A linear cicatrix of an inch in length occupies the left ramus of the jaw near its angle. A little thickening of the soft tissues is discovered about the corresponding malar bone. The eyelid of this side is shut, and the patient unable to open it. The eye considerably more prominent than the other, offers a singular confirmation of the points illustrated by the prepared skull described below. It will be there seen that the parts of the orbit necessarily cut away are those occupied by the *levator palpebræ superioris*, the *levator oculi*, and the abducens muscles. In addition to a ptosis of the lid, the eye is found to be incapable of executing either the outward or upward motion; while the other muscles animated by the *motor communis* are unimpaired. Upon the head, and covered by hair, is a large unequal depression and elevation. A portrait of the cast of the shaved head is given in a plate; and it will be there seen that a piece of cranium of about the size of the palm of the hand, its posterior border lying near the coronal suture, its anterior edge low upon the forehead, was raised upon the latter as a hinge to allow the egress of the bar; and that it still remains raised and prominent. Behind it is an irregular and deep sulcus, several inches in length, beneath which the pulsations of the brain can be perceived.

In order to ascertain how far it might be possible for this bar of an inch and a quarter diameter to traverse the skull in the track assigned to it, Dr. Bigelow procured a common skull, in which the zygomatic arches are barely visible from above, and having entered a drill near the left angle of the lower jaw, passed it obliquely upwards to the median line of the cranium just in front of the junction of the sagittal and coronal sutures.

This aperture was then enlarged until it allowed the passage of the bar in question, and the loss of substance strikingly corresponds with the lesion said to have been received by the patient. From the coronoid process of the lower jaw is removed a fragment measuring about three-quarters of an inch in length. This fragment in the patient's case might have been fractured, and subsequently reunited.

The hole now enters obliquely beneath the zygomatic arch, encroaching equally upon all its walls. In fact, it entirely occupies this cavity; the posterior wall of the antrum being partially excavated at the front of the hole, the whole orbitar portion of the sphenoid bone being removed behind, as also the anterior part of the squamous portion of the temporal bone, and the internal surface of the zygoma and malar bone laterally. In the orbit, the sphenoid bone, part of the superior maxillary below, and a large part of the frontal above, are cut away, and with these fragments much of the spheno-maxillary fissure, leaving, however, the optic foramen intact about a quarter of an inch to the inside of the track of the bar.

The base of the skull upon the inside of the cranium presents a cylindrical hole of an inch and a quarter diameter, and such as may be described by a pair of compasses, one leg of which is placed upon the lesser wing of the sphenoid bone at an eighth of an inch from its extremity, cutting the frontal, temporal, and sphenoid bones; the other, half an inch outside the internal optic foramen.

The calvarium is traversed by a hole, two thirds of which is upon the left, and one-third upon the right of the median line, its posterior border being quite near the coronal suture. The iron freely traverses the oblique hole thus described.

It is obvious that a considerable portion of the brain must have been carried away; that, while a portion of its lateral substance may have remained intact, the whole central part of the left anterior lobe, and the front of the sphenoidal or middle lobe, must have been lacerated and destroyed. This loss of substance would also lay open the anterior extremity of the left lateral ventricle; and the iron, in emerging from above, must have largely impinged upon the right cerebral lobe, lacerating the falx and the longitudinal sinus. Yet the optic nerve remained unbroken in the narrow interval between the iron and the inner wall of the orbit. The eye, forcibly thrust forward at the moment of the passage, might have again receded into its socket, from which it was again somewhat protruded during the subsequent inflammation.

It is fair to suppose that the polished conical extremity of the iron which first entered the cavity of the cranium prepared the passage for the thick cylindrical bar which followed; and that the point, in reaching and largely breaking open the vault of the cranium, afforded an ample egress for the cerebral substance, thus preventing compression of the remainder.

Yet it is difficult to admit that the aperture could have been

thus violently forced through, without a certain comminution of the base of the cranium driven inwards upon the cerebral cavity.

The remarkable features of the present case lie not only in the loss of cerebral substance, but also in the singular chance which exempted the brain from either concussion or compression, which guided the enormous missile exactly in the direction of its axis, and which averted the dangers of subsequent inflammation.—*Condensed from the American Journal of the Medical Sciences, July*, 1850.

VI. On the use of Depleting Remedies in the Treatment of Insanity.—[By an interesting article on the Ohio Lunatic Asylum, in the number for October, of 'Dr. Winslow's Psychological Journal,' we find that the experience of the most judicious practitioners in the treatment of the insane on this side the Atlantic, is confirmed by that of our Transatlantic brethren. The following is extracted from the second annual report of this Institution.]

The pathological condition of insanity, in its primary and active stages, appears to be one of peculiar irritation, and not of the ordinary character of inflammation; and by common consent, it is now settled, to the satisfaction of a large majority, if not all, the medical superintendents in the hospitals of the United States, that much general depletion, particularly by means of the lancet, in acute mania (the only form of the disease in which it is likely to occur), is very generally productive of injurious rather than beneficial effects. That the symptoms which seem to indicate the use of blood-letting so strongly, are deceptive, exhibiting to the practitioner the *effect*, and not the *cause*, of excitement. And while active and excessive depletion may rapidly sink the physical strength, it at the same time renders the nervous system more susceptible and irritable, the actual violence of the disorder not only remaining unsubdued, but often is thereby increased. It is known that the loss of large quantities of blood is frequently followed by severe pain in the head, as if it were surrounded by a tight band, or having the sense of an iron finger pressing upon some particular point of its surface, together with ringing in the ears, rushing and drawing, or cracking noises; vertigo, wakefulness, or starting during sleep; intolerance of light and sound, and many strange sensations and illusive feelings, which tend to permanent lunacy, or are productive of an alarming state of anemia and chaos of intellect, from which weeks and months of care and judicious treatment can scarcely redeem the patient. These symptoms are, in some degree, calculated to mislead; and as this state of exhaustion may follow what, in other circumstances, would justly be considered moderate and useful bleeding, there is the greater need for caution. I am a great friend to the lancet. An experience of twenty years in general practice, has fully satisfied my mind that it is one of the greatest and best remedies we possess in the treatment of many acute diseases. But observation and reflection have also demonstrated that its frequent use is both unsafe and injudicious in the treatment of insanity. When the patient is young, vigorous, and athletic, has redness of the eyes, and complains of much headache, and there is, at the same time, considerable heat about the head, with throbbing of the carotid and temporal arteries, a single bleeding may not be incorrect; but even here it is probable, local bleeding, by means of cups and leeches, with the constant application of cold water to the head, would be sufficient for every useful purpose, and, on several accounts, is generally to be preferred. The frequent use of drastic cathartics is also objectionable, on account of the danger of producing irritation in the bowels, which may lead to diarrhœa or dysentery, troublesome conditions of disease, to which the insane are extremely obnoxious. Costiveness is undoubtedly to be obviated; but, for this purpose, the milder costatives will generally succeed the best. Blue pill and small doses of calomel will be found useful, as in other cases, when the secretions of the liver are unhealthy or deficient.

Before closing this report, it seems necessary I should repeat a caution which was frequently given, in reference to the practice of making false promises, or using deception of any kind, in order to induce insane persons to leave home and come to the asylum. The effects of this practice are often extremely unpleasant and trying to their feelings. It is also very likely to excite suspicion and prejudice against the officers and attendants in the institution, whom they naturally take to be parties in *the supposed scheme of their unlawful arrest and unnecessary detention*; all of which has a tendency to lessen our influence, and perhaps prevent the success of a proper course of treatment. We have had a number of melancholy examples of bitter feelings and strong aversions to parents and friends, thus produced, which neither time nor attention could wholly remove.—*From the Journal of Psychological Medicine, October 1st*, 1850, *p.* 483.

VII. Fatal Congestion of the Brain, occurring in an Infant while taking Cod-liver oil. By W. B. Kesteven, Esq., M.R.C.S.—[The death now recorded is not related as being the undoubted effects of cod-liver oil. It is put on record as worthy to be known, whilst the properties of this oil are undergoing an extensive examition by the profession. It is meant as a contribution to that examination, and may serve to teach caution in the use of cod-liver oil. At the same time, the writer distinctly avoids the application of the *post ergo propter* line of argument in this case.]

H. O——, aged one year and nine months, was attacked on the 17th of June with symptoms of congestion of the brain, which were attributed by me to dentition. The means employed were attended with success, and the child was quite well on the 24th of June. On the 27th the child was again seized with more grave symptoms of cerebral congestion; it was convulsed; its head was hot, its bowels disturbed, and it had frequent vomiting of bile. Treatment, this time, was of no avail. The child died in the course of two days. A post-mortem examination was refused.

The history of the case here follows.—This child had been, according to its parent's account, a "delicate child" from its birth. About fourteen months since, I was consulted with reference to a curviture of the spine, which it presented in the dorsal region, the result of bad nursing. Strict adherence to the horizontal posture, nourishing diet, and plenty of fresh air, were advised. The child's health improved, and the back had very much improved. Some kind friend, who could not let well alone, urged the parents to give cod-liver oil. This was done, and its use in full doses continued for several months previously to the first attack of cerebral congestion. The parents had asked my opinion of the oil (after having given it for some time). I did not advise its discontinuance, partly for the sake of not seeming to be captious, and partly because I looked upon it only as so much food, of which I hoped it might not get too much. Its use was discontinued while under my care for the head symptoms; but, directly health was restored, so also was the cod-liver oil (by the parents). The rest of the case has been told above. It may be repeated, that the child's death is not positively attributed to the cod-liver oil; but the writer thinks it highly probable, that if it had not been administered (at least, to the extent and at the time that it was), the child might not have died of congestion of the brain.—*The London Medical Gazette, August 9th*, 1850, *p.* 238.

VIII.—On the use of Walnut-tree Leaves in the treatment of Scrofula.—Dr. Negrier considers himself authorized in establishing, from his own experience and that of other physicians, the following corollaries:—

1. Scrofulous distempers are in general radically cured by means of the preparations of the leaves of the walnut-tree.

2. The action of this mode of treatment upon the system is sufficiently steady, to enable the practitioner to depend upon the cure of the greater number of the persons treated by this therapeutic agent.

3. The influence of the preparations of walnut-tree is slow, free from hurtful effects, and durable.

4. The first effects of the treatment upon the economy are general; the local action takes place subsequently.

5. Scrofulous disorders of the skin, of the mucous surfaces, of the system of lymphatic vessels and glands, are cured as easily, as speedily, and more certainly by the preparations of walnut-tree leaves than by any other method at present known.

6. Disorders of the osseous, the cartilaginous, and the ligamentous system, depending upon the scrofulous taint as their principle, are sometimes radically cured by the use of preparations of leaves of walnut-tree alone. Lymphatic subjects always experience good effects from their use. The thorough modification which they derive from the use of this drug, often produces the cure of caries of the bones and their appendages. These same disorders of the bones, in the case of dry, nervous subjects, are not perceptibly modified by treatment. Cod-liver oil is, in these circumstances, to be preferred, combined with infusions of the leaves or the fruit of a walnut-tree—that is, the husk or shell of the nut.

7. Scrofulous ophthalmies are certainly and speedily cured by treatment, the basis of which consists of the preparations of the leaves of the walnut-tree.

Each patient took daily two or three cupfuls of an infusion of the fresh leaves of walnut-tree, sweetened with simple syrup of honey. Each child took also, morning and evening, one pill of

extract of walnut-tree leaves, weighing twenty centigrammes, or one spoonful of a syrup prepared with the same extract. All the sores were washed with a strong decoction of the same leaf, and covered either with compresses, or with charpée soaked in this decoction, or with poultices of linseed meal and water of the walnut-tree leaves. The alimentary regimen, consisting of a meal of animal food daily, remained the same; the clothing remained also the same; the children slept in their common dormitories. To the preparation already mentioned, M. Negrier has added a wine of walnut-tree leaves, prepared by macerating about two ounces of the recent leaves or ten or twelve nuts covered with the drupes, cut into fragments, in two pounds of Malaga or Lunel wine. This wine is given in spoonfuls, morning and evening, after meals.—*The Edinburgh Medical and Surgical Journal, Oct.* 1850, *p.* 271: *in which will be found an important memoir upon the introduction and use of this remedy, from the "Archives Générales de Medecine," Feb.* 1850, *p.* 173.

IX.—On the Prevention and Cure of Idiotcy. From Dr. Samuel G. Howe's Reports to the Legislature of Massachusets.—[Dr. Winslow's 'Psychological Journal' for July, contains a most interesting and important article on the much neglected subject of "The Causes, Cure, and Prevention of Idiotcy." Every surgeon in general practice in this country, and particularly Union surgeons, must have had occasion to deplore the general want of attention to this important branch of psychological practice. We recommend the original article to the perusal of every practitioner, and, if time and opportunity permitted, we doubt not that a perusal of the Reports themselves would repay the trouble. We extract those passages which relate to the treatment of idiotcy, and its results.]

There are two modes of action pointed out. One attempts to remedy or mitigate the evil by educating such of the idiots as can be provided with the means; the other strikes at the root of the future idiotcy, and endeavours to remove the causes, and prevent the recurrence of the disability hereafter. But we must confess with great pain, that, weighty as is the task to do the first, greater and more hopeless is the last. It is far easier to teach these stupid idiots—even to create intellect where it does not seem to exist—than to reform the morals of men and women whose habits or indulgences lead to idiotcy themselves, or in their children; or to impress upon the world the necessity of looking only to the interests of the next and future generations in their marriage contracts, and in the management of their own persons.

The extinction of idiotcy must be a work of ages. Nevertheless, it can be accomplished in the course of time. The causes that weaken or corrupt the human constitution, and produce ill-health or tendency to idiotcy, or idiotcy itself, may be removed. The successive generations of the weak, the unhealthy, and the tainted, may be each improved, and raised, and strengthened in some degree. By carefully educating the children of the feeble and corrupted families, by guarding them against the errors of their parents, by teaching them to avoid the existing causes of idiotcy, the hereditary taint may be kept dormant, and even diminished, until finally, through the course of successive generations, it shall be extinguished, and hereditary idiotcy appear no more.

For the education of idiots there is encouragement to hope. The experiments which have been made in France, Switzerland, and Prussia, prove that many of these, who otherwise would be idiots of a low order, may, by proper training, be raised to such a condition, that they may live in and enjoy the comforts of their families, and that others may be made self-dependent, and pass respectably and happily through life.

This, however, requires a peculiar kind of training. The usual influences of home, and especially of the ordinary homes of idiots, and the teaching and discipline of common schools, are not sufficient for the education of this class of persons; they must have schools, teachers, and apparatus, peculiarly adapted to their capacities and powers.

The legislature of Massachusetts, at its last session, after receiving these reports from Dr. Howe, appropriated the sum of twenty-five hundred dollars annually, for three years, to educate the idiots, in order to try the experiment; and the whole was placed under the general direction of Dr. Howe. Mr. James B. Richards was selected as a teacher, and went to Europe to visit the schools which are there in progress, and to learn their method of training and educating idiots. Mr. R. returned in September last, and in October opened his school at Boston with four idiots, and has now nine.

Although nothing decisive as to the extent of the power or the capacity of the idiots can be inferred from this small experiment, and the short time during which these few have been under discipline and instruction, yet enough has been done to show that even these stupid and apparently unimpressible children can be roused, and taught, and influenced.

To form any proper notion of their progress, it is necessary to know their condition when they came to school. One boy of fourteen years was brought from a poor-house, where he had always worn women's clothes. He is now dressed as other boys are, and enjoys his new garments, and uses them as properly as they do. He could not get up and down two steps without getting on his hands and knees; now he walks up and down, though with some hesitancy, in the common manner. Five of these boys had no control of their urinal or alvine evacuations; now they control them during the day, and mostly during the night. They could not be trusted to feed themselves, and some would steal food from the kitchen, or elsewhere, and one would devour the offal that was set aside for the swine: now, they all eat as other boys, under the supervision of their teachers, who determine the quantity of their food. One who had no use of his feet, can now walk with assistance. Within the first month, one boy, of nine years old, learned to throw wood from the ground on a pile; and another made still farther progress, and learned to pile it straight, laying the sticks parallel with each other. They learned to climb a ladder on the under side with their hands and feet, and when they reach the top, they can turn around one of the rails to the other side, and return by the upper surface. They could not walk on either side of the ladder when they entered the school in October.

They had no conception of numbers, or of the size or form of objects. Now some of them can count as far as *six* or *seven;* they understand the difference between a square and a round object, and will select a quart or a peck, or other measures, when asked to do so.

In their whole appearance and manner, there is more of self-respect, and intelligence, and activity; and one cannot fail to observe the very great difference in the expression of their countenances, when comparing their daguerreotype likenesses, which were taken when they entered, with their faces as they now appear.—*The Journal of Psychological Medicine and Mental Pathology, July,* 1850, *p.* 320.

X. — Case of Spontaneous Expulsion of the Fœtus.—[The following case, of what Denman termed "*spontaneous evolution,*" is not only interesting from its rarity, but instructive on account of its complexity. It was read before the Medico-Chirurgical Society of Aberdeen, by Dr. Robert Dyce.]

I was called about midnight, on Saturday, 30th of December, 1848, by a midwife, to visit Mrs. C——, the wife of a tradesman living in Castle-street. I was informed that labour had commenced in the evening, about six hours before; that the presentation remained long high; that the membranes ruptured naturally; that the waters were in great quantity; and that several strong pains had followed after the discharge of the waters, before any part of the child could be felt; a limb was at length reached, which was made out by her to be an arm. When I first saw the patient, she had very strong forcing pains; the arm was at the top of the vagina, doubled up so as to present the elbow. A part of the child, nearly equal in bulk, was felt on either side of the presenting limb, viz., one part near the pubes, and the other near the sacrum, but so high, that unless I had passed my whole hand into the vagina, which I did not at the time deem essential, the individual parts could not be made out. It was sufficient for my purpose that the arm presented, and that delivery could not be accomplished without turning the child. In order, therefore, to render the operation easier, by quieting the uterine action, which was very powerful, I gave her, as soon as it could be procured, a tea-spoonful of laudanum, determining to operate the moment a lull took place. This, however, never happened, for presently the pains forced the elbow lower, the hand came down into the vagina with hardly any assistance, and was ascertained now to be the right one. At this time the proportionate size or bulk of the two parts of the child became remarkably altered. The arm, shoulder, and neck, which formed one part, pressed towards the pubes, and appeared smaller; while the other end of the tumour, which was now distinctly made out to be the back of the child, along with the ribs and spine, which was twisted and bent, now came completely to occupy the hollow of the sacrum. It now became very apparent that nature was to complete the delivery herself, by expelling the child double, or, by what is called, spontaneous expulsion. At length, after two or three powerful efforts, the shoulder

was very closely pressed, or jammed together, against the arch of the pubes, and at length external to the vulva, while the breech pressed out the perineum, and was expelled by a very long and powerfully-continued pain, the feet following quickly in its wake, the arm never removing from its position under the pubes. The head soon followed, and the delivery was speedily completed. The child (a girl), gasped once or twice, but could not be recovered.

The size of the abdomen indicated the presence of another child, which, on examination *per vaginam*, was confirmed, as the membranes were reached. I also discovered, in the examination, a circumstance by no means desirable, viz., that the integuments of the abdomen, limbs, face, and, in short, the whole body, were extensively œdematous; for lying, as the patient did, with her back towards me, I had no opportunity of discovering this before.

No pain coming on in half-an-hour, the membranes were suffused. The waters were in very great quantity. An arm again presented, but along with the head. It was attempted to keep up the limb so as to let the head descend alone; but the pains were so violent that both head and arm were forced into the pelvis, and expelled together. The breech remained during two or three equally severe pains at the birth, owing to the cord, which was very short, being twisted round one thigh and leg, by which it was tucked up tight upon the infant's abdomen; its removal immediately caused the expulsion of a second girl, alive and strong. In a quarter of an hour pains returned, but no part of the placenta could be felt; and as the uterus felt contracted, small, and tolerably defined, while no hemorrhage at first ensued, no interference was resorted to. Very shortly, however, the pains became very severe, along with hemorrhage to some extent, so as to lead me to fear that irregular contraction either had taken place or was impending, and that probably one of the placentæ might be separated. The hand was immediately introduced. One placenta was found loose in the lower part of the uterus, a portion of the other in the contracted part, while by far the largest portion was imprisoned above in the upper chamber of the uterus. The usual methods were carefully tried to separate the placenta, viz., by patting it, by grasping it from its edge to its centre, while the uterus was steadied by the hand on the abdomen externally; but no impression was made upon it. It was then attempted to remove it bit by bit; but so firmly was it attached, and to so very large a surface, that I for a moment hesitated what was best to be done—whether to persevere carefully in my present proceeding, or to leave some of the lobules adhering to the uterus. Both methods were attended with danger; but knowing well the great risk there is in separating a strongly and morbidly-adherent placenta, from the difficulty in extinguishing the soft and loose structure of the womb from the mass of the placenta, I decided on the latter method. I therefore kept my fingers close to the placenta, and pinched off several of the lobules and left them adhering to the uterus. The womb now contracted regularly, and expelled my hand and the placenta together. Hemorrhage ceased, and the pulse, when I left at two in the morning, was 86. The woman had a most perfect recovery.—*Monthly Journal of Medical Science*, May, 1850.

XI.—On the treatment of Sprains of the Ankle. By M. Baudens.—M. Baudens observes, that judging by the frequency of the occurrence of this accident, its treatment ought to be well understood and successfully practised, but that this is, in fact, far from being the case; and he is therefore desirous of making his own plan of treating it, by the cold bath and gum bandage, more extensively known.

The indications are, first, to prevent or remove inflammation, and then to secure immovability to the distended or lacerated parts, until they have recovered their power, the patient being at the same time allowed to use the limb. For the purpose of subduing inflammation, numbers of leeches are usually applied, and then an emollient cataplasm; and M. Baudens feels convinced that it is in consequence of such treatment that degenerated sprains so often augment the number of amputations in hospitals. By free leeching of a joint, the seat of a sprain, two mischievous symptoms of inflammation after sprain, are increased by the leech-bites, in place of being mitigated; and in the next place, the increased afflux of blood towards the part is encouraged instead of being repelled. M. Baudens, on these grounds, strictly forbids the application of leeches in all surgical maladies attended with acute inflammation, while he often derives most excellent aid from their employment in chronic inflammations; thus, by the induction of a temporary congestion, giving a fillip to the too-languid action of the part. When blood need be taken in sprains, he abstracts it by venesection, although probably both the profession and the public, from the force of habit, would tax with ignorance any one who neglected the use of leeches. As to emollient cataplasms, they favor, in place of opposing, the afflux of fluids to the part, while the long maceration the joint has thus been submitted to, deprives it of its elasticity, gives rise to a pasty *engorgement*, and predisposes to the formation of white swelling.

M. Baudens has pursued his own plan of treatment now for twenty years, and under it his patients have been enabled to resume their trying military duties in a very short time. He is not the first who has employed cold water in the treatment of sprains; but his originality consists in trusting to it alone, and continuing its application for so long a period. His plan of employing it, contrasted with that of his predecessors, may be thus summed up:—1. *Period of the Application.* Cold has usually been thought desirable only when it could be resorted to very shortly after the accident; but he applies it not only immediately, but also several hours or days after the occurrence, or even in chronic sprain. Whenever, in fact, there is a *morbid degree of heat to abstract.* 2. The local bath has never been ordered by others for longer than five or six hours, although some practitioners, since his first publication on the subject, have extended it to twenty-four. In certain of his cases, however, immersion has been continued for eight or ten days, and in one example, for fourteen days; while in no case has it been less than for two. 3. *Mode of Application.* The vessel containing the water is brought to the bed-side of the patient, so that he can conveniently place his leg in it, having the heel resting on a sponge at the bottom, the leg and thigh being supported by cushions, so that the position may be maintained for as many days as required. In the vessel used at the Val-de-Grace, the water reaches as high as the middle of the leg, and is changed about every three hours, in order to keep it sufficiently cool. Spring water is usually employed, and if the inflammation is intense, ice is added. A purgative is given, and if indicated, one or two bleedings are resorted to. 4. *Effects.* One of the first of these is the cessation of pain, which sometimes occurs at once, and at others in an hour or two. From the moment the foot is placed in the bath, the swelling becomes stationary, and soon after, with the heat and redness, decreases. About the fourth or fifth day the part becomes wrinkled, like the hands of a washer-woman; and usually, about the third or fourth day, the patient finds the water too cold, and then the limb is removed from it—the period for doing this being regulated by the patient, he being told to keep it only as long as he derives comfort from doing so. Few of the patients suffer from any general reaction. *Gangrene* has been said to have resulted from this application, but the author has never met with such a case. The patient sometimes persists in keeping the limb in water after the dispersion of the heat and pain, and the consequence is the production of engorgement of the joint, a tense state and dark colour of the skin, together, sometimes, with darkish lines—precursory signs of congelation, in fact; on seeing which, the joint should be enveloped in a fomentation of elder-flowers and poppy-heads, at the temperature of the atmosphere. The objections which have been urged, from the fear of producing *re-percussion*, are quite theoretical and unfounded. It is, in fact, only the *excess* of *morbid caloric* that is abstracted.

Gum Bandage.—When the inflammation has been subdued, all the depressions in the vicinity of the joint are filled with wadding, and a bandage carefully and equably applied. This is well moistened by means of a brush with very thick gum, which in a short time imparts to it almost the hardness of wood. After this has been applied warm for twenty-five or thirty days, it is removed, and the joint slowly and gradually exercised; for want of which precaution many patients (especially those treated by leeches and poultices) suffer all the symptoms of a sub-inflammation of the white tissues of the joints, even for years.—*Medical Chirurgical Review for October, from Gaz. des Hôp.*, 1850, *Nos.* 5 *and* 6.

XII.—On the Appearance of the Gums in Phthisis, by M. Fredericq.—M. Fredericq published some observations in 1847, in which he stated, that in phthisis a red streak is constantly to be found on the gums opposite the lower incisors, and sometimes the upper ones also. Since then he has paid great attention to the subject, and now says, that in the latter period of all chronic diseases, some time before death, a blue or red streak will always be found; but that in phthisis it is one of the signs. In all cases of *phthisis*, without exception, that have come under his notice, he has met with this brick-red or blue streak. The *brick-red* colour is especially found in inflammatory phthisis, at least when much bronchial irritation and nocturnal fever are present; while the *blue* colour denotes a less active form of disease, and is oftenest found in those who suffer from abundant pneumonorrhagia, although by no means always indicating the probability of the occurrence of this. In few cases, a *white* line, as observed by M. Vanoye, contrasts with the general colour of

the mucous membrane, and those who exhibit it are usually of a marked scrofulous and cachectic habit. These streaks are of great importance in announcing early phthisis, in those cases in which doubt prevails as to whether a bronchitis or catarrh is connected with tubercle. The deeper the colour, the more rapidly does the disease proceed, while it is a good sign to find it becoming paler. Patients, in whom the process of softening has become temporarily arrested, and who believe themselves cured, continue to offer the blue mark, but paler than before. When the disease re-commences its march, the mark becomes plainer.

Dr. Bonarden states that he has observed a blue line in *intermittent fever*. M. Fredericq has generally found it wanting, and when present it has been blue, not red, and seems to be connected with engorgement of the spleen. In *chronic abdominal* affections, there is a dirty, livid-looking streak, along the whole extent of the gums, and much broader in phthisis. So in the *menstrual molimen*, there is sometimes a blue line along the free edge of the gums, which disappears when the menses come on. It is frequently, but not constantly, observed in amenorrhœa.

The following are the author's conclusions:—1. The blue, red, or white streak along the incisor gums, is only of semeiological importance, when manifested early, since it is always seen in the later periods of chronic disease. 2. It is observable, as soon as the cough occurs, in phthisis. 3. In aged persons, where there is retraction of the gums, it is not present. 4. Where the brick-red streak exists, it is a sure indication of tubercle; the blue one, which is common to other diseases, is also frequently so. 5. Chronic abdominal affections give rise to a livid streak along the entire gums.—*The Brit. and For. Med. Ch. Review, from Rev. Med. Chir. vol.* 7, *pp.* 139-141.

XIII.—Observations on the Growth of the Hair and Nails, by Dr. Berthold.—To determine the time required by the nail to grow to a certain length, the writer first made some experiments on himself, and found that the nail of the middle finger grew 11 millimetres in four months. Continuing his experiments, he found a great difference in the growth of the nail, according to the age of the person, and the season of the year. For instance, he found that the same nail which would take 152 days in winter to attain a certain length, would grow to the same length in 116 days in the summer. The growth also differs on different fingers, as also on the right and left hand. On the right hand the growth is quicker than on the left.

The hair of individuals from 16 to 24 years old, grew in two years 12 to 16 inches, or 7 lines a month.

The growth of the hair is accelerated by frequently cutting it.

During the day, reproduction of hair goes on more rapidly than at night. In warm weather, the reproduction is greater than in cold weather.

The quantitative formation of nail and hair coincides with the peripheric secretions, perspiration, &c. in this—that it increases in summer, and decreases in winter ; whereas, the development and nutrition of the body is decreased in summer, and increased in winter ; so that the weight of a man is greater in winter than in summer.

The growth of hair decreases in the night, which coincides with the decrease of the secretions, perspiration, formation of carbonic acid gas, urine, milk, bile. &c.—*British and Foreign Review, October* 1850 ; *from Müller's Archiv.*, 1850.

XIV. — Dieffenbach's Mode of Applying a Suture in Simple Wounds of the Intestines, for the Purpose of Uniting the Serous Surfaces.—To apply the suture, a fine, round, ordinary sewing-needle must be used; and a very thin, waxed silk thread. The portion of intestine is fixed between the thumb and forefinger, after having been perfectly emptied by stroking downwards. The needle is then inserted before the commencement of the wound through the serous membrane, is passed between the muscular and mucous coats about three lines in length, and again brought out through the serous membrane. A puncture is then made, at the distance of a line or a line and a half from the point where it was first brought out, and from the edge of the wound. The needle is carried between the membranes, and over the wound, and the opposite edge is punctured. The third puncture is made from this side in the same manner, and so on from side to side, until the other end of the wound is arrived at. On both sides of the wound are now seen the separate interrupted stitches, when the sewing is to be carried on backwards, so that the free interstices may be likewise covered, and both ends of the thread lie at the commencement of the wound. During the sewing, an assistant keeps the edges of the wound bent inwards by a pair of forceps. The thread is not drawn up very tightly, in order that it may not cut through quickly, Lastly; the ends are knotted together and cut off close to the knot. The intestine is then immediately returned into the abdomen.—*British and Foreign Medico-Chirurgical Review, p.* 291, *October*, 1850.

XV.—Case of Malignant Disease of the Tongue, in which the Lingual Gustatory Nerve was Divided. By John Hilton, F.R.S.—E. S., aged 39, was admitted, February 26th, 1850, into Guy's Hospital, with an ulcer upon the tongue. About twelve months previously, she had first noticed an ulcer towards the posterior and lateral part of the left side of the tongue. It was supposed by the surgeon then in attendance, that it might have been produced by some sharp points of the adjacent teeth. The teeth were extracted, and various local applications made at different periods to the ulcer, serving to check somewhat the progress of the disease; but of late it had been rapidly increasing, and had given her much pain; its surface had been very sensitive, the flow of saliva constant and distressing, and during the last three months her health had been rapidly giving way. At the period of her admission into Guy's, there was a large excavated, ragged ulcer, with hard, raised, everted, irregular edges, occupying the left side of the tongue, extending forwards to within three quarters of an inch of the tip, backwards to the junction of the middle, with the posterior third, and inwards to near the median line. She suffered much pain within the head, especially on the left side, and in the ear, which prevented her sleeping at night. She had profuse flow of tenacious saliva, and an inability to take solid food, from the pain produced in the ulcer by the mechanical irritation. Near the os hyoides was a gland deep in the neck, somewhat enlarged. Pulse about 80 in a minute. Internal viscera healthy. She was ordered hydrarg. chlorid. gr. iij.; P. opii, gr. j, at bed-time; and some castor oil in the morning, and morphiæ hydrchl. gr. $\frac{1}{4}$ every night.

February 28th.—I determined to attempt the removal of the disease by incision, after observing the effects of the actual cautery to the projecting and painful edges of the ulcer, and the administration of conium internally.

March 4th.—I was obliged to defer the intended operation of incision this day, in consequence of the greatly swollen, inflamed, and painful state of the tongue, which precluded the possibility of drawing it forwards, or even of examining it. The same side of the neck above the os hyoides was also much swollen, and tender. Sixteen leeches and a hemlock poultice to the neck; pieces of ice were kept in the mouth. Ext. conii, gr. v., were ordered to be taken every six hours, and aperients occasionally. Under this treatment, in a few days, the swelling of the tongue and left side of the neck subsided, and the ulcer improved in appearance, but did not diminish in size. At that time, the sub-maxillary region, on the right side, became inflamed and swollen, and an abscess supervened, which was opened in the neck; the pus was healthy, and in ten days this part resumed its healthy condition. The disease of the tongue was progressing; the ulcer too sensitive to permit food to be taken; the salivation distressing; and she had great pain over nearly the whole of the distribution of the fifth nerve on the left side. Believing that many of these symptoms might be relieved, if the sensibility of the ulcer could be destroyed, and knowing that the destruction of the sensibility of the tongue would render the operation of sloughing off the diseased parts by the application of ligatures nearly painless, I determined to divide the lingual gustatory branch of the fifth nerve between the disease and the brain.

20th. I placed the patient in the recumbent position, with the head a little raised, opposite a good light. My dresser drew the tongue (which was much congested with blood) forwards, upwards, and towards the patient's right side. I then divided vertically, with a small knife, the mucous membrane, and submucous tissue, to about three-quarters of an inch in length, opposite the molar teeth, over the hyo-glossus muscle, and across the position of the upper margin of the sublingual gland ; the progress of the operation was much impeded by the almost constant flow of blood, chiefly venous, into the wound ; but, by continuing deeply by the side of the tongue, this first incision, through the upper edge of the sublingual gland, I exposed the nerve ; and, laying hold of it with forceps, I divided it with scissors. Immediately all sensation was lost in the anterior part of the tongue, and in the ulcer ; either part could be seized and pinched with forceps, without the patient being in any way aware of it. The bleeding was stopped by a piece of sponge, dipped in a strong solution of alum, being forced into the wound. After the operation, the patient had a good deal of pain in the left side of the face, and in the left ear, and the soft parts in the left side of the neck became inflamed and swollen. Leeches and poppy fomentations subdued this condition in a few days. During this period the pain in the ear and face continued severe. Morphia and conium were given

internally. Aconitine and belladonna were applied in solution to the external auditory canal, and chloroform to the face, with some relief. The day following the division, the profuse flow of saliva had ceased, and liquid and semi-solid food could be taken freely, without causing pain. Considerable portions of the ulcer were subsequently sloughed off by ligature without the slightest pain to the patient; but the swollen and infiltrated condition of the inferior part and base of the tongue, precluded the possibility of enclosing within ligatures the whole of the disease. Exactly one month from the date of the division of the nerve, she began to feel again on the left side, at the tip of the tongue. The flow of saliva became again increased, and the surface of the deep excavation in the tongue began again to be somewhat painful to the touch. Taking into consideration the depressed condition of the patient's health; the extension of the disease of the tongue beyond the median line, and the increasing size of the cervical gland, it was deemed advisable not to employ any further operative means. The patient went to her home at Yarmouth. I am indebted to my friend, Mr. George Rose, of Yarmouth, for the following notes:—

June 21st.—I have seen the "tongue case." She said she had left Guy's two months; she looks now as if suffering from mumps, the sub-maxillary regions, up to the ears and under the chin being occupied by large, irregular, rounded masses of glands; she also said, that when she came from the hospital, there was only one gland enlarged, and that was on the left side of the neck, and not very painful. The tongue now more than fills the cavity of the mouth, like a lifeless mass of flabby flesh, receiving and retaining the mould of all parts which press upon it, more particularly the teeth on the right side, and those in front, which are imbedded in holes in its substance; the right side and blunted tip of the tongue protruding at least half an inch beyond the teeth, although just covered in by the lips, give the appearance of the mouth being quite full of something. The substance of the tongue is of variegated colours, of more or less congested violet hue. The left side is scooped, or eaten out, into a horrible hole. On the middle of the upper surface (which is moulded by the hard palate) is an ugly, apparently superficial ulcer, covered with a moist, buff-coloured stuff, and flaky tartar, &c., which covers the tongue and teeth very thickly; the tip is decidedly directed to the left side, or rather lies out of the teeth in that direction. She has pricking and shooting all over the tongue, and considerable irritation is caused on the right side by a double tooth, which pierces the cancerous substance; the left side was benumbed after the operation; but for the last month, sensation has been gradually returning more and more, pricking, shooting, burning, and cutting, as with knives, &c.: these same agonizing sensations pervade alike the mass of enlarged glands, more particularly those on the right side. Some days the attacks of pain are so violent, that she is stupified, and cannot tell whether the pain is superficial or deep, but chiefly on the right side of the face; the nocturnal pain is the most constant, agonizing, and wearing; no motion in the tongue visible; has lived by suction since her return from Guy's; can articulate, but not so as to be understood; can just manage to swallow; no excess of saliva was secreted for some time after the operation, it then gradually returned, and has increased in quantity until now; she is constantly dribbling, spitting a full pint in the twenty-four hours; anything sharp or cold sucked, induces hemorrage from the ulcers; the cervical glands on the right side are enlarged and hard, forming a column from the ear downwards, into the top of the chest—this is of recent date. In fact, the whole glandular enlargements have most rapidly increased within the last fortnight. Her breathing is comparatively unaffected; she does not keep her bed, unless she has an unusual day of pain; looks very cadaveric, with protruding eyeballs, but the throat does not appear to be pressed upon any more than it is in bronchocele; she is sinking fast, and will soon be confined to bed. Opiates are losing their effect, and chloroform, which I advised locally, is only a fleeting soother of such deep-seated pain.

28th. She was in bed, and could not get up. The throat-glands have increased *en masse*, and the surface is more irregular and defined by globular knobs; hard, unyielding surface, not tender, but reddened bright, like to an abscess forming, and about to point, but no softening can be distinguished. Within this last week, the whole neck has become filled up. She has had during several days, severe pains down both arms (more particularly the right), and upon the chest, and attacks of numbness, principally confined to the fingers.

"July 7th. The patient is dead. She had some occasional slight arterial hemorrhages from the mouth a few days before her death. No complete *post-mortem* examination was allowed."

This operation of dividing the sensitive nerve of the tongue was adopted—

1st. To destroy the sensibility of the ulcer, so as to enable the patient to take food.

2nd. To reduce the flow of saliva, which was excessively distressing.

3rd. In the hope that the pain she experienced over the distribution of the fifth nerve might be immediately relieved; and

4th. To deprive the operation of sloughing-off the diseased portion of the tongue by ligature, of pain.

The first and second of these intentions were accomplished; the third was only in part accomplished, and, I suspect, from the divided nerve (exposed in the wound made in the operation) being irritated or inflamed by the contact of the saliva, mixed with the secretion from the ulcer. The fourth was also in part accomplished, and, I believe, might have been entirely so, had not the supervention of local inflammation in the adjoining structure retarded the intended operation by ligature, and so allowed the disease to progress to such an extent, as to preclude any attempt at its complete removal.

Experience alone can determine the question, as to whether the division or excision of a piece of the sensitive nerve of the tongue may be justifiable in cases of painful ulcers on that organ, when not remediable or relieved by other means; but when a large portion of the tongue is to be removed by ligature, I would earnestly suggest the previous division of the lingual gustatory nerve, so as to deprive the removal (by ligature) of its greatest objection; viz., the suffering to the patient, which is necessarily associated with it when the nerve is entire.

The case here detailed is interesting in reference to the short period of time, one month only, required for the re-union of the divided nerve to become so far established, that the patient could feel, indistinctly, mechanical impression made upon the previously insensible left side of the tongue. By referring to Mr. Rose's report, it will be seen that, on June 21st, two months after quitting Guy's, the patient states, "For the last month, sensation has been gradually returning more and more;" so that we may presume the nerve had not become completely united before that time—about two months from the period of its division.

TO CORRESPONDENTS.

Dr. Day's letter is received, and we propose to communicate with him privately.

Mr. Betts's (of Hemel Hemstead) promised contributions will be acceptable.

Dr. Powell's note is acknowledged with thanks; his request is complied with, and his co-operation will be very acceptable.

Several of our correspondents have remarked on the frequent use of the words "General Practitioner" in our first number. We have to request that such of our friends who see objections to this title, will bear with it at least for the present. It is well understood which class in the profession it is intended to designate. The dispensing of medicine is not essential to constitute a "General Practitioner." At the same time, we mean to protest loudly against the dispensing of medicine being made a disqualification and a disgrace. The public, in a vast number of cases, obliges the General Practitioner to dispense his medicine; as, for instance, army and navy medical officers, who are necessarily General Practitioners. The whole subject of professional titles must be brought under review in this journal; in the meantime we direct the attention of the profession to the large proportion of our class who are now graduating at St. Andrew's, Edinburgh, and other Universities, and thereby acquiring the title of M.D.

We shall take an early opportunity of calling the attention of the General Practitioners to the reforms which have been recently effected at St. Andrew's.

The remarks of our correspondent from the neighbourhood of Temple-bar, are lamentably too true. No doubt there are too many individuals in the profession, who consider that the General Practitioner has no business to step out of "the cart-horse path of practice"—that he has "no business with the higher walks of his profession." We cannot insert our correspondent's letter, but we firmly trust that this Journal will, within a short time, produce a better state of things. We are happy to find our correspondent's labours are duly appreciated by such competent judges.

Communications have also been received from P. Martin, Esq., of Pullborough; T. Warner, Esq., Cirencester; G. Gibson, Esq., Ulverstone; Sands Cox, Esq., Birmingham; R. Ayton, Esq., Porchester; John P. M. Smith, Esq., Brighton; J. N. Gray, Esq., Amersham; Henry Bromly, Esq., Rippingale; — Brown, Esq., Lincoln; John Bowie, Esq., Warkworth, Acklington, Northumberland; Wm. Dixon, Esq., Tickhill, Rotherham; H. C. Curtis, Esq., Great Marlow; Frederick Collins, Esq., Wandsworth; John Thimbleby, Esq., Spilsby, Lincoln; George Webster, Esq., Connaught Terrace; C. M. Thompson, Esq., Westerham; W. E. Parnell, Esq., Dublin; T. H. Lewis, Esq., Stoney Stratford; George Kirkham Paxon, Esq., Cranfield; Robert Dunn, Esq., Norfolk-street; S. Forman, Esq., Teignmouth; S. Drummond, Esq., Brighton; W. Nicholson Clarkson, Esq., Whitby; Robert Fedler, Esq., Liverpool; Thomas Harrison, Esq., Halifax; T. M. Ashton, Esq., Ormskirk Lanes, &c. &c. &c.

Preparing for the Press.

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THE LONDON MEDICAL EXAMINER, for October 1st, contains an Address to the Medical Students of England, with advice respecting their studies, examinations, &c. An account of the Schools, Hospitals, and Medical Institutions of France, with sketches of the practice at the Parisian hospitals, and remarks on the medical and surgical treatment at these institutions, by Edward Crisp, M.D.

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NOTE.—This Office was the first to recognise the claims of Medical Men to remuneration in all cases referred to them.

JAMES DANIELL, Secretary.

October 5th, 1850.

TO MEMBERS of PARLIAMENT, and to Medical Men.—Convention of Poor Law Medical Officers.—At a SPECIAL MEETING of the Committee, held on Thursday, the 19th inst., to determine on further proceedings for obtaining from the Legislature an improved system of Poor Law medical relief, the following resolution was unanimously adopted:—

That an advertisement be inserted in the daily and weekly papers, also in the medical journals, urging the 16,000 members of the medical profession legally practising in England and Wales, but more especially the 3,000 who form the staff of medical officers acting under the Poor Law Board, to consider the extreme importance of their organizing and reserving their political influence in their respective localities, for the purpose of employing the same in the election of such candidates only as shall deserve their support by their promised advocacy of the cause of the sick poor and of the Poor Law medical officers.

By order of the Committee,
THOS. HODGKIN, M.D., Chairman.
CHAS. F. JAS. LORD, Hon. Sec.

4, Hanover-square, 19th Sept., 1850.

CONVENTION OF POOR LAW MEDICAL OFFICERS.- The Committee desire to offer their hearty acknowledgments to the London and provincial press for the support it has given to the cause in which they are engaged; they also thank their numerous and able correspondents for the various and valuable communications with which they have been favoured. Through the encouragement thus afforded, they derive fresh hope for the sick-poor and for their medical attendants, and they resolve to persevere in seeking to obtain an improved system of Poor Law medical relief.

By order of the Committee,
THOMAS HODGKIN, M.D., Chairman.
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4, Hanover-square, 19th September, 1850.

THE ALL SOULS AND ST. MARYLEBONE GRAMMAR SCHOOL, in union with King's College, is removed to No. 1, Cornwall-terrace, Regent's Park. The course of instruction includes a thorough preparation for the Universities, the Army and Navy, and for mercantile pursuits. The Head-Master receives boarders, and pupils residing at a distance can dine at the school.

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DISPUTED LIFE POLICIES—"A trial of considerable interest to Life Assurance Offices and the Public was concluded yesterday in the Court of Exchequer. The Eagle Company held a policy for an assurance of £539 in the Albion Company as security for an advance, the payment of which policy was now disputed by the Albion, on the ground that at the time it was effected the fact of the assured party having been a man of intemperate habits was concealed from the office. The chief evidence turned upon the question as to the degree of intemperance that had been exhibited, and the result was that a verdict was given against the resisting office, not only for the amount of the policy, but also for £40 interest from the date when it became due. The circumstance of the action being brought by one office against another presents a striking illustration of the uncertainty which may attach to all policies under the present system, and shows that the only mode by which absolute security can be obtained by the public, must lie in the general adoption by Assurance Offices of the plan of protecting themselves in every case by due inquiries before the granting of each policy, and of afterwards assuming the full responsibility of the completeness of such inquiries, by holding themselves precluded from raising any future question. In the present case two offices are found to be diametrically opposed in their opinions as to what can properly invalidate a claim, and yet the public are expected to be able to guard themselves against such contingencies. Similar cases have occurred before, and even if they were more rare, they would seriously injure the progress of life assurance. The very principle upon which the business is founded is the removal of uncertainty, and whenever that principle is counteracted in the slightest degree, the people who would be the first to resort to its advantages are the first to be deterred."—*Times*, July 11th, 1850.

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The Society being now constituted by Act of Parliament, and the rules and regulations sanctioned by the members, is in a condition to receive proposals for annuities, allowance in sickness, and life assurance for sums not exceeding £200.

As by the rules there must be 250 subscribers previously to granting reversionary annuities, and 200 previously to granting allowances during sickness, it is requested that gentlemen intending to avail themselves of either of these provisions, will forward their names to the secretary without delay. Deferred annuities and life assurances can be granted at once, there being no limitation with regard to them as to the number of the subscribers.

A prospectus, containing an outline of the Society, will be forwarded to any member of the medical profession, on inclosing a postage stamp; and books of the rules, with complete sets of the tables, price 1s., may also be had on application to the Secretary, at the Society's Offices, 28, Bloomsbury-square, London.

By order of the Board,
GEORGE HAWTAYNE, Secretary.

28, Bloomsbury-square, September, 1850.

THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.

The *Council of the National Institute*, anxious to extend a knowledge of its Principles, so far as they relate to the public interests and those of the great body of the Profession, desire to state, that it is established with a view to obtain, upon the principle of reciprocity, the Incorporation of the General Practitioners of England and Wales, and to form, irrespectively of the special colleges, an Institution comprising within itself the entire range of Medical and Surgical knowledge;—also, to sustain the status of this class of practitioners, by requiring of the candidates for its diploma, a satisfactory test by efficient examinations as to their qualification to practise Medicine, Surgery, and Midwifery,—and to correct those social and political grievances existing in the Profession, which the present Medical Institutions, from their special character and the absence of all intercourse with their members, are totally unable to accomplish.

The Council, in thus calling attention to the principles advocated by the National Institute, cannot refrain from expressing a belief that the present unsatisfactory state of the Profession, and the evils by which it is surrounded, are in a great measure to be attributed to the Medical Institutions of the country being incompatible with the welfare and social interests of the Profession, and the scientific principles upon which the practice of Medicine ought to be based.

The Council of the Institute have been long sensible of the evils alluded to; and being confident that they are daily increasing, and that the Profession is now suffering, more than at any former period, from the inconsistent and anomalous state of the laws by which it is governed, have, with the view to remedy the grievances complained of, presented to the House of Commons, through James Wyld, Esq., and Colonel Thompson, a Bill for the Independent Incorporation of the General Practitioners, and to which the attention of the Profession is now specially directed. The Council of the National Institute trust that their professional brethren, in discussing the question of Medical Reform, will not allow petty considerations to interfere with a liberal and comprehensive view of the subject; but that they will be convinced of the necessity of acting upon the principle of reciprocity in any attempt that may be made to effect a satisfactory re-organization of the Profession, the propriety of which is evidenced in the letter of Sir George Grey to the Council of the College of Surgeons, dated June 12th, 1850.

That as the introduction of the Bill into Parliament, and the means necessary to be adopted by the Council to facilitate its future progress, will be attended with considerable expense, the Council hope that all who advocate the Incorporation of the General Practitioners will contribute in aid of the object contemplated.

By order of the Council,
HERBERT WILLIAMS, Secretary, *pro. tem.*

Office, 4, Hanover-square, Oct. 1st, 1850.

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Wilson's Elements of Chemistry.

Christison's Dispensatory, or Pereira's Materia Medica (especially the sections treating of the mode of action, uses, and administration of medicines), and the London, Edinburgh, or Dublin Pharmacopœia.

Quain's Elements of Anatomy, 5th ed.

Carpenter's Principles of Human Physiology.

Watson's Lectures on the Principles and Practice of Physic; William's Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill, on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

JAMES M'BEAN, A.M., Secretary.

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A JOURNAL OF MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE AND PRACTICE, AND PHILOSOPHICAL GAZETTE.

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ADDRESS.

The advertisement which has appeared on the first page of this Journal, explains, so far as its limits will admit, the principles and objects for which it has been established. The Scientific, Educational, and Practical Unity of Medical Science in all its branches, has long been the established rule of practice on the Continent of Europe; and it is fully recognized and adopted throughout the United States of America. We entertain no doubt whatever, that, at no distant period, the medical institutions of this enlightened country will be remodelled and reconstructed upon a similar basis, and thus be rendered more in conformity with the acknowledged requirements of modern times. It is not, however, our intention at present to enter more minutely on their practical application and bearing, or to dilate on the vexatious and anomalous state of the laws affecting the medical profession in this country as they at present exist, or to animadvert upon the parties to whom their administration has been entrusted: other opportunities will continually present themselves, when all the hindrances to the more extensive development of medical science, and the higher appreciation of the medical profession, will receive the consideration due to a subject of such vital public importance. To obtain representative government, and corporate rights and privileges for the overwhelming majority of the profession engaged in general practice, many difficulties will have to be encountered, and much time, talent, and exertion, will have to be expended in the accomplishment. The prejudices, privileges, and conventionalities that have engrafted themselves upon the modern as well as the ancient medical institutions of this country, must be pruned away. The sophistry and special pleading used in defending them must be dissipated by sound arguments and logical deductions; the portals to learning and science must be freed from the grim *Cerberi* who scare away the aspiring candidate for their honours and rewards; and scientific medical knowledge, in its most comprehensive sense, must be made attainable by all who have the industry and ability to acquire it.

Fully appreciating the great services rendered to the cause of Medical Reform by the other Journals, the absence of any defined principle or decided policy has tended to delay the settlement of this important question for many years. It will be our duty, as journalists, to devote our best ability and untiring exertions to the prosecution of these objects—and, *Deo volente*, we have a strong presentiment that our efforts will prove successful. It would ill become us to make a long string of promises—we must pause for judgment until sufficient time has elapsed for our trial; the matter we from time to time lay before the profession, we shall put in as evidence, and upon its quality we shall depend for a verdict in our favour. So much, then, for ourselves. Now, a word or two to those whom we hope we may reckon upon as constant readers—the General Practitioners in Medicine, Surgery, and Midwifery of the United Kingdom. Gentlemen, there is a certain breadth and comprehensiveness of character required in those men, to whose almost exclusive care the lives of the majority of the people in this realm are necessarily entrusted, which it would well become you to endeavour, by a little discipline and mental effort, to acquire, if you are not already conscious of possessing it. You occupy a prominent position in society, and you perform very onerous and important duties amongst this large community; the scrutinizing gaze of your fellow-men is more frequently directed towards you than to any other class; and it depends entirely on yourselves whether each of you, in your respective localities, should not be more respected and looked up to than any other public functionary. With very few exceptions, the greatest possible amount of trust and confidence is reposed in you—have you deserved this confidence?—do you at this moment deserve it? To a very considerable extent, we most conscientiously and honestly believe that you do. But you are not immaculate; you have much to learn, and what is equally important, you have much more to practise. Individually, you are honourable, useful, hard-working men; collectively, you are apathetic, careless, and too personally intent upon what transpires within the narrow limits of your immediate spheres, to be of much weight, consideration, or importance. And what does this principally arise from? Mainly, we have no hesitation in affirming, from the absence of any *esprit de corps*, and from your neglecting to cultivate to anything like the extent you ought to do, the literary character and reputation of the medical profession. You must recollect that the General Practitioner has become a totally different person from what he was thirty years ago; and that it behoves him to show, by publishing more of his vast and extensive experience, how far he is worthy of that confidence of the public which he is entitled to enjoy. Our observations on this point, however, apply to you more as individuals, and more particularly to the junior members of our noble profession. We cannot more appropriately conclude these remarks, than by a quotation from the writings of a talented and amiable surgeon in general practice, not long since deceased—the late William Maclure, Esq., of Harley-street:—

"I am perfectly aware that not a few of my professional brethren, of the order to which I have attached myself, might, if they pleased, produce and exhibit a more imposing array of medical and surgical histories than I have done; but it was partly my purpose in this publication, to stimulate by the spirit, if not by the merit of my example, such of them as may be able to do better, to do so.

"Under whatever forms the three groups of the profession, after the present effervescence shall have ceased, may settle down and become permanent bodies in the state, it will be incumbent on the General Practitioner to attend more to the literature and science of his profession than he has hitherto done; for it may safely be asserted, that his future dignity, in the eyes of the public, will depend more on such exertions than on the position in which he may be ultimately placed, in relation to others, by the laws of the land. Doubtless, many skilful General Practitioners have flourished before the foundation of their Royal College (a necessary event, I think, sooner or later); but all or most of them, unlamented and unknown, have sunk into oblivion, because they published little or nothing of their vast experience for the good of the public, and for the improvement of their arts. Now, however, that they are likely to become fellows of a distinct corporation of their own, and to spring into existence, as the rivals for fame and public favour, of the ancient colleges of the empire, they must be more careful and exact than hitherto, to record, with truth and clearness, their multitudinous experience; to affect the honours, as well as the emoluments, of their profession; to be heard of in the schools, as well as the sick rooms; and to enlarge the boundaries and enrich the archives of the healing art. They must be up and doing, remembering, both as individuals and as a collegiate body, that merit, not actively brought into prominent notice, for the benefit of human kind, differs but little from inglorious sloth."

"Paulùm sepultæ distat inertiæ
Celata virtus."

ORIGINAL COMMUNICATIONS.

MEDICAL GUIDE TO THE PRINCIPAL GERMAN SPAS;

WITH PARTICULAR REFERENCE TO AN APPROPRIATE SELECTION OF THE RESPECTIVE SPRINGS IN VARIOUS CHRONIC DISEASES.

By SIGISMUND SUTRO, M.D.,
Senior Physician to the German Hospital.

(Continued from page 8.)

INTENDING to pay our first visit to *Oeynhausen* (long. 9, lat. 52), the youngest member of the family of spas, we have to start for *Cologne*, then cross the Rhine-bridge, and travel by the Deutz-Minden railroad as far as *Rehme*, the last station before Minden. It may be reached from Cologne in 8, and from London in about 34 hours. The spa lies within sight of the Rehme Station, near the influx of the Werre into the Weser. It owes its origin to the salt-works, to which it is contiguous (*Neusalzwerk*), and though the last discovered (since 1845), it already enjoys a high reputation in the cure of diseases in which the saline springs (Halopegæ) are indicated.

It is situated between Minden, to the north, and Herford, to the south, at an equal distance of ten miles, Vlotho lying five miles distant in an easterly direction. To obtain a fresh supply of salt, a hole was bored (now 2,220 feet deep), when, unexpectedly, a warm salt-spring flowed out in great abundance, giving rise to the spa under consideration.

The borehole and its adjoining baths are situated to the south-west of the saltworks, in a fertile valley, extending beyond the Werre and joining the valley of the Weser. It is bounded on the north by the Weser mountains (900 feet high), which can be seen for several miles, and which the Weser intersects in the "Porta Westphalica," near Hausberge (5 miles from Neusalzwerk).

The steep Margaret and Jacob mountains (constituting the Porta Westphalica) are invested with a pleasant appearance by well-cultivated beech groves, and the tower built upon the former mountain affords a charming panorama of the environs. The Demberg and Kappenberg form, respectively, the southern and eastern frontiers. Behind these the Steinegge, Ebenöde, &c. rise, enclosing Vlotho in a deep valley. From the highest point (the Bonstapel), the town of Minden can be discerned in a due northern direction through the Porta Westphalica. The spa is thus protected by the surrounding mountains from violent extremes of temperature, nor is it exposed to the foggy exhalations of the Werre and Weser, these rivers lying below its level. Thus a mild and healthy climate prevails, though sometimes subject to sudden changes. The mean temperature of the soil is $7\frac{3}{4}$ to 8 degrees of Reaumur=50 Fahrenheit. The mountain masses of the environs belong to that class formed of horizontal layers. The lowest stratum is composed of shell-lime. Above this appear the white and red sandstones, then variegated layers of marl (mostly red); a peculiar layer of white calcareous marl then follows, frequently employed for manuring the fields, and containing numerous crystals of sulphur-pyrites. Towards Neusalzwerk it is covered by black slate and pebble-stones, which former may be considered as the transition into the liyas formation that occupies the south. We moreover find tertiary marl in the Deberg, with remains of testaceous animals, and a considerable stratum of tufaceous lime between Valdorf and Vlotho. In the valley of the Werre, deposits of river-sand are met with, but near Neusalzwerk, the lias is superposed by clay, enclosing large crystalline stones. The bore-hole lies 217 feet higher than Amsterdam, and thus extends to 1994 feet below the level of the sea, probably the greatest depth ever reached. The salt water was first perceived at a depth of 574 feet, containing $1\frac{5}{8}$ per cent. of salt, and supplying $\frac{2}{3}$ cubic foot of water per minute; thence, the quantity of water, the temperature, (about one degree Reaumur for 120 feet of depth), and proportion of salt gradually increased. At 600 feet the temperature was $12\frac{1}{2}$° R.; at 1004 feet, 15° R.; at 1100 feet, 18° R.; at 1575 feet, 18° R.; at 1586 feet, $19\frac{1}{2}$° R.; at 1595 feet, 20° R.; at 1951 feet, 25° R.; and at 2219 feet, $26\frac{1}{2}$° R.=92 Fahrenheit. From $1\frac{5}{8}$ per cent. the proportion of salt increased to $4\frac{1}{2}$, and the flow of water from $\frac{2}{3}$ cubic foot gradually augmented to 54 cubic feet per minute.

The upper part of the hole is now enlarged to a width of nine inches (as far as 1,600 feet), and the widening operations are still continued. Analysis of the water compared with that of the Mediterranean (by Professor Bischoff of Bonn,) shows in 10,000 parts:—

	Oeynhausen salt-water.	Water of Mediterranean.
Chloride of sodium	333,850	251,
„ magnesium	10,783	52,5
Sulphate of potash	0,47	..
„ lime	29,947	1,5
„ magnesia	26,038	62,5
Carbonate of lime	8,686	1,5
„ magnesia	5,021	
„ iron	0,668	..
„ manganese	0,014	..
Silicic acid	0,466	...
Bromine	quantity undetermined	
	415,944	369

In 16 ounces, the thermal "Soole" of Oeynhausen contains 319 grains of solid ingredients, viz:—
256½ gr. Chloride of sodium
8¼ „ magnesium
¼ Sulphate of potash
22 9-10ths. „ lime
19 9-10ths. „ magnesia
6½ Carbonate of lime
3¾ „ magnesia
½ „ iron
1-100 „ magnesia
⅕ Silicic acid
Specific gravity 1017.

No trace of iodine has been found, but a great quantity of bromine, though its precise amount has not yet been determined. In the chemical manufactory near Neusalzwerk, the bromine is procured from the mother-lye of the salt-water. According to the above analysis the "Soole" (*i.e.* salt-spring) may be considered as sea-water modified by the addition of bicarbonates and carbonic acid, besides a higher natural temperature. The water remains clear and transparent, as long as it is conducted in pipes; but exposed for some time to the atmosphere, it gradually loses its carbonic acid and becomes turbid, depositing oxide of iron and carbonate of lime. Three cubic feet of free carbonic acid and other gases (the latter at the rate of six per cent.) escape per minute from the bore-hole. The absorbed carbonic acid amounts to 7-10 of the volume of the "Soole," so that 43 cubic feet of the acid are obtained per minute with the water. Only at the depth of two feet the carbonic acid begins to be evolved, at a greater depth it is completely absorbed. The proportion of the free to the combined acid is as 1 to 15. A weak bitter spring near the "Soole" is frequently used for drinking, it contains in 1000 parts $19\frac{1}{2}$ of solid ingredients—($7\frac{1}{2}$ sulphate of soda, $2\frac{1}{2}$ sulphate of magnesia, $3\frac{1}{2}$ chloride of sodium, 2 chloride of magnesium, $\frac{1}{4}$ chloride of calcium, 3 bicarbonate of lime, $\frac{1}{2}$ bicarbonate of magnesia).

At present there are 67 baths, of different classes, the baignoires of which are 15 feet below the level of the bore-hole. The water rises in the bathing-house in a perpendicular shaft to the height of 12 feet, and fills the basins under the pressure of its column from below. At the sides of the baignoires the filling cranes are so contrived, that a wave-like motion can be communicated to the bath, and that the stream can be made to enter in one spout, or in numerous fascicular spouts. The carbonic acid can be evolved near the bottom or at the surface of the bath, with quite a different effect on the bather. The mouth-piece of the filling crane is provided with screw-windings, to which a copper tube may be attached, reaching nearly to the bottom of the basin, or a bent tube with a leather pipe, or a sieve-like head-piece, according to the intended use. A great importance is attached by the physicians to the kind of bath employed, for undoubtedly one baignoire is capable of exhibiting four or five baths of perfectly different physical effects, and these modifications are made use of in the treatment of the respective diseases. For a quiet bath, the side-crane must be closed, the water flows in imperceptibly from the bottom, with a comparatively diminished evolution of carbonic-acid gas, and flows out again as soon as it reaches a certain height, at the other end of the bath. The effect is again different, if the filling tube be merely held and not screwed to the crane. Atmospheric air entering the water with carbonic acid, the latter rises, continually hissing and foaming; by an ascending tube, wave-like motions are formed on the surface. If the leather pipe or short bent tube be fixed to the side-crane, the stream and evolution of carbonic acid can be directed to any layer of the water or to any part of the body (as douche). If the water is allowed to fall from the crane into the basin, a lively wave-like motion is communicated to the whole mass, with constant development of foam and hissing, and the most complete disengagement of carbonic acid.

Though the energy of the sentient nerves is greatly heightened, the general metamorphosis and muscular tone stimulated, still no injurious effects are perceived from the carbonic acid, unless some contra-indicating circumstances forbid the use of this form of bath. An extremely pleasurable sensation is created by the water constantly moving to and fro with white foam and hissing. But the titillation produced by the sieve-like douche is certainly the most agreeable sensation that can be imagined, and must inevitably be of great therapeutic value in many diseases of the nervous and sero-fibrous system. A different result is also expected from applying the douche under the water—when the force is diminished, or beyond the level of the bath. The douches are generally followed by the use of rubbing brushes.

The "Soole" is further made use of for a natural "vapour-

bath." In consequence of the fall of 13 feet, to which it is subjected, at this distance (36 roods from the bore-hole), it rises in a shaft to the height of 12 feet, and constantly splashes over, filling the chamber (in which the shaft is enclosed) with exhalations of saline ingredients and carbonic acid, the latter tending to move towards the bottom from its gravity, whilst the former remain suspended in the upper strata of the room, exercising their grateful influence on the respiratory organs. The chest seems inclined to expand more freely, with a certain feeling of ease, and to inhale a greater quantum of air. Though the temperature of the room be from 22° to 24° R.=81 to 86 F. (or lowered to 17° R. =70¼° F, by opening the window-valves at the ceiling, if required), no oppression or inconvenience is perceived from the heat: in fact, I could only *perceive* the increased temperature, when, coming into the air, I felt the contrast of diminished heat. But in the room the temperature appears perfectly congenial to the physical perception. For drinking, imported or factitious mineral waters are used to assist the external treatment; also the "bitter-brunnen" mentioned above, is occasionally employed.

The weaker "Bulow-brunnen" (containing, in 16 ounces, 180 grains of chloride of sodium, 16 grs. of sulphate of soda, 7 grs. of carbonate of soda, 4¾ grs. of carb. of magnesia, 6½ grs. carbon. of lime), is separated from the stronger "Soole" for occasional use. The air of the neighbouring salt works is also made use of for sanitary purposes. The strong "Soole" of the "Bulow-brunnen" is dispersed over the thorny walls of the graduation works. The different layers are composed of various precipitates from the dripping saline mass. This "Soole" contains, in 16 oz., 825 grs. of solid constituents—viz., 754 grs. of chloride of sodium, 22 grs. of chloride of magnesium, 25 grs. of sulphuret of calcium, 19 grs. of sulphate of soda, 9-tenths of a gr. of carbonate of iron, 1 gr. of carbonate of lime, 9-tenths of a gr. of resin and extractive substance. In catarrhal affections of the air passages, in emphysema of the lungs, &c., deeper and more calming inspirations are produced, to the great relief of the patient. The tone of the respiratory muscles seems to be increased, and the irritation diminished. The salt obtained at the chemical manufactory, from the mother-lye of the salt-works, contains, in 16 ounces, 261 grs. of chloride of sodium, 4874 of chloride of magnesium, 630 grs. of sulphate of soda, 172 of sulphate of magnesia, 19 grs. of bromide of potassium and of magnesium, and 1531 grs. of hygroscopic water. This mother-lye is externally applied, with great advantage, in glandular enlargements.

As regards the effects of the baths: the pressure of the water exercises a mechanical stimulus on the tissues and vascular rete of the skin, and promotes the power of imbibition, whilst its motion peculiarly stimulates the nervous system. The greater the mobility of the water, the more carbonic acid is evolved. The constant renewal of the water during the bath must also act very beneficially, as a much greater quantity of active remedial substances comes in contact with the absorbent vessels, with unchanged temperature, and unvarying constituents. Neither heating nor cooling being required, any loss is obviated that might arise by the escape of carbonic acid, as well as the precipitation of oxide of iron or other bases, held in combination with the acid. Chemically considered, the "Soole" is distinguished by its abundance of carbonic acid and of carbonates. In 13⅓ cubic feet of water (the quantum of one bath), 37 pounds of solid ingredients, and 10 cubic feet of carbonic acid exercise their influence on the bather. The constant renewal, of course, considerably increases this quantity. The constituents may either produce direct changes in the various tissues of the body, by affording restoratory stimuli, or enter into immediate combination with the diseased substances (as lime or magnesia in diseases of the osseous system, iron in a deficient state of the blood-krasis), or may promote absorption and resolution of exudated matters, or excite certain secretory and excretory organs to an increased function. The layer of carbonic acid on the surface of the bath, mixed with atmospheric air, and the exhalation of the saline ingredients, seem to exercise a calming influence on the air passages. The tone and mobility of the muscles and muscular organs is invariably heightened. The muscular tissue becomes denser, morbid perspirations diminish; the skin loses the great sensitiveness towards changes of temperature, and the nervous centres regain in many instances their lost energy, by an appropriate use of the baths. It is maintained that the mental and physicial functions, depending on the integrity of the central nervous system, are restored to their normal condition, if no organic derangement forbids the use of the spa. There is one peculiar evil for which Dr. von Möller considers this spring, as an unfailing specific, viz., the too rapid growth and incomplete development of young persons with hereditary phthisical disposition, and already beginning signs of the impending calamity, Oeynhausen restores the equilibrium by causing the muscular system to be more invigorated and developed, and the thoracic organs to be strengthened by the influence of the saline exhalations. If employed to excess, or under contra-indicating circumstances, lassitude, depression, headache, giddiness, want of appetite, restlessness, &c., will be the consequence of bathing. On the other hand, the cures on record did not invariably ensue after using some baths, nor even after completing the course, but, in many instances, some weeks or months after the patients had quitted the place, and perhaps under a feeling of disappointment. In fact, it is considered as a more favourable sign, if the disease remains apparently stationary during part of the course, or if momentary aggravation of certain symptoms mark the influence of the spring on the affected parts. Bath eruptions are rare. I omit the directions for the various modifications, in which the soole-baths and vapour-chamber are to be used, for these must be determined by the difference of the diseases and other circumstances. The duration of the bath is from five minutes to half an hour. After a few weeks an interruption of some days is recommended. Baths of long duration are more easily borne by children than by adults. Signs of saturation, lassitude, anorexia, depression, pains in different parts of the body, chilliness alternating with heat, oppression of the chest, &c., require an immediate discontinuance of the bath.

In order to enable the physician to recognize the complications, in which this spa affords peculiar chances of recovery, I shall detail some of the cases furnished by Dr. Von Möller, so as to illustrate the peculiar efficacy of Oeynhausen. For however similar or analogous various springs of the same class may appear, the careful observer will find that each spring stands in a peculiar specific relation to a certain complication of morbid phenomena, which it is able to remove, whilst a slight deviation of this complication may indicate the employment of another spa. This might not only be inferred from the varying chemical composition, but from the dissimilarity of atmospheric, climatic, and other influences. And if we have to use the nicest discrimination in the ordinary choice of medicines—if one anti-rheumatic, one anti-philogistic, one anti-febrile, causes no amelioration of the respective diseases, and compels us to resort to other expedients, primarily less indicated,—how much greater must be the difference in the effects of remedial agents, the full qualities, and often the complete chemical constituents of which are not yet thoroughly known!

A farmer of 56 years of age, after having suffered gastro-enteritis, with tendency to volvulus, was often attacked with colic, and disturbance of the intestinal functions, through slight faults of diet or exposure to atmospheric changes. Peritoneal exsudation was established by the examination. He took for four weeks long baths, and left greatly improved.

A gentleman, 52 years of age, exposed to many bodily exertions and changes of temperature, probably also indulging in spirituous liquors, suffered for some time with intestinal catarrh, vomiting of water in the morning, obstruction, *paralysis of both arms and legs*, and general trembling, particularly in the neck, hands, and knees; violent throbbing pains in the forehead and occiput, absolute insomnia. Twenty short baths with interruptions, and internally Selters-water with Carlsbad salt, freed him from the above-mentioned severe complication of morbid symptoms.

A lady, 24 years of age, of scrofulous habit, affected with cutaneous diseases and ophthalmia during childhood, subsequently retarded sexual development and swelling of the spleen, with constant pain in the left hypochondrium; complexion pale and sallow, appetite good, but after taking solid food, particularly at night, violent spasms appeared, with singultus, eructations and convulsions of the dorsal and abdominal muscles. Quiet baths without internal remedies restored her to a state of health.

A girl of 15 years is mentioned, resembling in physical appearance a child of 12, emaciated and pale, of feeble muscles, with a flat, narrow thorax, and disposition to febrile symptoms, hæmoptoe, palpitation of the heart, and other signs indicating incipient tuberculosis. She had to take short "quiet baths," with intermissions; was exposed to the exhalations of the vapour-chamber, and to the air of the graduation works. Internally, simple whey at first, and afterwards with an addition of Kaiser-franzensbrunnen. After six weeks, the respiratory organs and general nutrition of the muscles assumed a very improved character, and a year after the course, the body was normally developed, with a tendency to corpulence.

A merchant, 36 years of age, married; through early excesses and self-pollution, affected with impotency and frequent seminal discharges at the slightest sexual excitement, dull pains in the occiput, emaciation, general debility, coldness of the hands and feet, violent pains in the lumbar regions at night, with chilliness and subsequent profuse perspiration, deep depression, loss of me-

mory, restlessness, inability to follow a connected train of thought or to write letters requiring mental exertion, &c. He used quiet baths for four weeks and drank Kaiser-Franzensbrunn. The muscular system gained gradually in strength, the pains of the head and loins, with the accompanying symptoms, diminished, the genital system lost its abnormal erethism and returned to its ordinary condition, and the mental faculties became restored.

A woman of 36 years of age, married ten years since, had been infected by her husband soon after marriage, then suffered from frequent catarrhs of vagina, bladder, and rectum, several times symptoms of false pregnancy, dyspepsia, with retarded alvine evacuations, neuralgic pains of the vagina and uterus, occasional attacks of colic or cardialgia, boring frontal head-ache with evening exacerbations, &c. For eight weeks, short baths were used, with intermissions, internally: Eger Salzbrunnen, and subsequently, Franzensbrunnen. All neuralgic and catarrhal symptoms have been greatly relieved, though not cured, after the first course.

Swellings of the spongious ends of bones, with distention of the synovial sac and muscular atrophy have been removed by long baths with flowing water, whilst internally Marienbad Kreutzbrunnen, and afterwards Homburg Elisenquelle were taken. Chronic inflammation of the knee-joint with contraction and stiffness, and even carious exfoliation is said to have been cured or relieved by this spa.

Cases of rachitis scrophulosa, osteomalacia, &c., are also reported, in which the baths afforded great relief, particularly with children.

Mr. Papst, of Petershagen, reports several cases of hypertroph. uter., hydrops ovarii, which he brought to a successful termination by the spa Oeynhausen, in connexion with other remedies; viz., in robust persons, with swellings and pain of the womb, he applies eight leeches twice a week (according to an English prescription); afterwards a bath is ordered, then a ball composed of equal parts of ung. hydrarg. ciner., lard and yellow wax is introduced into the vagina, so as to touch the collum and os uteri. This is renewed after twenty-four hours. Afterwards he substitutes iodine ointment for the mercurial. Internally he employs, according to circumstances, either tonics, solvents, or iodine. In Oeynhausen he ordered baths from a quarter of an hour to be gradually prolonged to an hour. Then an injection of the soole, four times a day, besides some tumblers of it morning and evening internally, with proper diet and exercise. He details several instances of severe subacute inflammation and swellings of the uterus and ovaries, which were cured or relieved in the above manner.* The vapour-chamber, which may be considered a remedy of itself, requires a few words of further notice. The constant precipitation and renewal of warm saline exhalations with carbonic acid, exercises such a soothing influence on the mucous membrane of the thoracic organs, that whenever increased respiratory movement, or entrance of fresh air produces cough, pain, or oppression, these distressing symptoms will be unperceived or diminished in this chamber. If we consider how many diseases of the chest are connected with pulmonary catarrh, and what aggravation may ensue through impeded inspiration and consequent obstructed discharge of the venous contents, the favourable influence of this vapour may be readily imagined. Whether the good effect be due to the increased tone of the capillary vessels, or to the narcotic power of the vapour, or to the absorption of the dissolved particles into the circulating fluids, must remain undecided for the present.

Patients with hoarseness, tickling in the throat, impeded deglutition with irritation and cough, chronic inflammation of the follicles of the mucous membrane of the larynx, and tendency to ulceration and incipient laryngeal phthisis, are said to have been cured by the sole use of this natural vapour. The voice and thoracic muscles are exercised in the chamber. Whey-cures are often combined with the vapour course, and horse exercise recommended. The catarrhal affections resulting from hooping-cough are particularly asserted to be often cured by this remedy. A case of tubercular phthisis is reported of a girl of 13 years of age. Parents of arthritic diathesis. The child was brought up in the country and was well fed, but had suffered with bronchial catarrh since her childhood, also enuresis nocturna to the end of her twelfth year. In the autumn of 1848, after an attack of scarlatina, circumscribed pneumonic and pleuritic affection were superadded to the bronchial catarrh, besides emaciation and diarrhœa; the thorax ceased to expand to its normal extent, consonant and cavernous rhonchi were discovered by auscultation and corresponding dulness and tympanitic sound by percussion. Considerable dyspnœa and debility was exhibited on any attempt at exercise; voice hoarse, cough violent and continuous; expectoration tough, purulent, granular and often mixed with blood; fever with evening exacerbations and profuse perspirations. This was her state after eight months of suffering. She used the vapour bath twice a-day from one to two hours with interruptions, and as soon as her muscular strength was sufficiently improved she spent the greater part of the day near the graduation works. Complete recovery ensued. The right subclavicular-region, depressed to a considerable extent, only raises itself towards the end of a very deep inspiration. Physical examination showed, after a year, partial condensation of the pulmonary substance, containing vesicular tissue; but no subjective signs of disease.

The chemical analogy which the "Soole" bears to sea-water (with, however, more common salt and sulphate of potash, and less magnesia), must prepare us to find *improved nutrition* amongst its chief effects. From the circumference the stimulus to increased energy must be transmitted to the nervous ganglia, inducing resolution and absorption of abnormal productions, and a freer action of the lymphatic system.

Different forms of scrofula claim, therefore, the first place in the category of diseases to be subjected to its influence. The carbonate of iron and of lime, and the abundance of carbonic acid, which distinguish its composition, open another sphere of action in the group of human ailments. We find in our daily experience of sea baths that they restore the tone of the muscular system, increasing the contractile power of the blood-vessels, ameliorating the functions of the glandular organs, removing the obstructed condition of the dermic follicles, eliminating morbific substances by the increased exhaling power of the skin, and indirectly raising the strength and condition of the cerebral and spinal nervous system.

But in many instances, when their useful application is impracticable, from the violent reaction they produce in the nervous system, this spa might form an excellent substitute, particularly with very sensitive, anæmic, and debilitated individuals, who require for their cure both stimulating and integrant curative agents. Hence the great utility of Oeynhausen in many forms of gout, rheumatism, and arthritic paralysis, with muscular atrophy.

The advantages of the vapour chamber in irritation of the thoracic mucous membrane and the subcutaneous follicular tissue, are too obvious to require further comment; and though some enthusiastic appreciation of the spa may be imagined on the part of the resident physicians, still its physical and chemical properties fully justify us in believing that it possesses a considerable curative power in combatting many chronic diseases, otherwise intractable.

* To mention one instance:—Mrs. T, 38 years of age, married, without children, had suffered several years with pain and pressure in the pelvis, obstinate obstruction, and frequent retention of urine. The menstruation accompanied with the most violent pains, and very abundant. The exploration per vaginam showed the neck of the uterus flattened, the os uteri directed backwards, and the uterus swollen to the size of a child's head, with several protuberances at its posterior wall; it was scarcely moveable; urine could only be discharged by the help of the catheter. The above-mentioned plan of treatment was adopted, and after three months the bladder and rectum performed their functions normally, the mouth and neck of the womb could again be discerned, the swelling had almost disappeared, the organ again occupied its normal position at the upper part of the pelvis in its middle diameter, was easily moveable and less sensitive. Menstruation now unaccompanied with the former pain, and of moderate abundance; the patient was discharged as cured after this period.

REMARKABLE CASE OF CATALEPSY.

By PETER HOOD, Esq., M.R.C.S.

To the Editor of the Institute.

Sir,—If you deem the following case sufficiently novel, you are at liberty to insert it in the *Institute*. Your obedient servant,

P. HOOD.

15, Seymour-street, Portman-square.

The disciples of Mesmer may discover in the following case some symptoms strikingly analogous to those exhibited by individuals under the influence of their manipulations: and they may be safely challenged to produce a parallel giving evidence of such tangible results, in the matter of clairvoyance. The individual had never even heard of Mesmerism at the time he was the subject of his peculiar illness—although at that period it had been recently introduced into England. On mentioning the case with a few of its peculiarities to a barrister, who took more than ordinary interest in the new subject of Mesmerism, and had manipulated with most wonderful results to himself, his curiosity was so much excited by the recital, that he earnestly entreated to be allowed to see the patient, and on refusal he offered fifty pounds for permission to try upon him the Mesmeric influence. This was of course refused, excitement of any kind being certain to produce a return, or exacerbation, of the prominent symptoms of the case, which was now fast advancing towards recovery. It is but fair to presume

this gentleman was struck by the striking analogy of the symptoms with the phenomena witnessed under his own treatment—and hence his desire for an opportunity of seeing a case which everything conspired to render one of paramount interest to the votaries of the "science" of Mesmerism.

This case is published with the express intention of pointing out to those who obstinately shut their eyes to the fact, that individuals of a peculiar temperament, do not require the aid of the mesmeric influence to cause them to exhibit phenomena of an equally and even more interesting and marked character, than the most adept professors can ever hope to produce by their scientific "passes."

Mr. A. B., aged 18, studying for an artist, possessed a highly nervous and exciteable temperament, and a quick imagination. His figure was slim, features delicate, eyes large and pensive, hair dark, and complexion sallow. He showed great intellect in his countenance—his voice was puerile and squeaking.

This gentleman had been ill for two months when I was sent for to see him; I found him in strong convulsions—his body was bent like a bow, and he was resting on the back of his head and his heels; every muscle appeared rigid, and his eyes were fixed and staring. By dashing cold water over his head and face consciousness was obtained. On inquiry into the symptoms and origin of his case, the following was the history elicited. Mr. A. B. had been for a long time subject to losses of blood from the bowels, sometimes as much as a pint in the course of the day. He was constantly subject to palpitation of the heart, and a sense of constriction over the chest. Within the last two months he had become the subject of fits—these fits originally appeared to resemble hysteric fits, from the sensation of globus hystericus—and would be succeeded by laughing, crying, or sobbing. These attacks were not looked on with much alarm by his family, from the strong resemblance they bore to hysteria; but when the fits changed their character to those approaching to a cataleptic kind, attended with the marked rigidity of muscle peculiar to this form, their apprehensions became greatly excited, and it was then they sought for medical aid.

After the subsidence of the fit in which I saw him, and which had lasted for two hours, he was seized (a common occurrence, I was informed) with a heaving of the chest, and difficulty of breathing—it appeared to arise from spasm of the diaphragm—and as if he was striving to eject wind from the stomach; his pulse was feeble and fluttering. He was put on a liberal diet, enjoined to take daily exercise—he being fond of sedentary occupation—and a tepid shower-bath every morning. He was ordered a dose of the following medicine three times a day :—

℞ Pulv: Rad: Valerianæ ʒss=ʒj
Pulv: Gum: Acaciæ ℈j
Ammon: Sesqui Carb: gr. v.
Tinct: Hyoscyami ʒ ss
Mist: Camphoræ ʒiss. Misce et fiat Haustus.

He continued this plan for a fortnight, with appearances of amendment; the fits would now and then return, but not so frequently; they had less of rigidity about them, but prolonged attacks of insensibility would ensue. As the convulsive fits subsided, a new train of symptoms showed themselves. He would apparently awake from a state of deep sleep, and recite, with the most correct emphasis and diction, long passages from Shakspere, Milton, and Byron, the recollection of which he had never been thought by his family to possess. At other times he would repeat long passages from the lectures he heard at the Royal Academy. At another he would quote whole passages from history, and occasionally diversify the scene by displaying his unconscious proficiency in the art of swearing, all of which he was, to all appearance, quite unaware of when the fit had passed away.

On examining the spinal column he complained of much tenderness over the third cervical vertebra; to relieve this, he was cupped to two ounces of blood from the part; the moment the blood began to flow he sneezed for the first time in his life—neither his father, mother, or himself, ever having been aware of his doing so before.

One day I called on Mr. A. B., and found him in his studio, seated at the easel, with palette and brush in hand. He was painting a small picture; his father and mother were standing by. I spoke to him, he returned no answer. His father said, "He is insensible, sir," and told me that latterly he would often paint without appearing to know what he was about. This seemed to me the most extraordinary of all the different phases his case had presented, and I must confess I felt incredulous of what the father told me. I went up to him and examined his face; every muscle was rigid as marble; the eyes were fixed and staring; the pupils appeared dilated to their utmost possible extent, so as to make it appear impossible he could see; to test this, I placed my hand immediately before his eyes; and, as I had my glove on, I felt quite sure he could not see through the spaces between my fingers. To my great astonishment he continued painting with as much precision as if my hand had been away, and continued to do so for some minutes; his palette was all prepared, and he never made a mistake in directing his brush to the colour he required. At last (how long I kept my hand before his eyes I cannot say, and regret I did not time it, but the occurrence was so unexpected as readily to account for this omission), he appeared to be aware of something interrupting his progress, and he took the point of his brush between his fingers, and twirled it round and round, as if some imperfection in it was the cause of his difficulty in proceeding. I removed my hand for an instant, and he went on as before; I immediately returned it again before his eyes, and he proceeded as before with his painting. I kept my hand before his eyes until I was thoroughly satisfied he could paint with it before them, and left him engaged on the picture, as that day I could not spare more time than I had already appropriated to him. I asked his father what he did with his paintings in this apparently unconscious state; he told me that the moment his son "came to himself," he took a piece of rag and wiped out all he had done. I requested him to watch over this painting, and to let me have it; he did so, and it is now in my possession. It represents a young girl asleep, seated on a high-backed old-fashioned chair, with her head reclining on a pillow, and is painted to the life, her very fingers appearing asleep.

I could enumerate many more striking instances of the "tangible results" that took place during Mr. A. B.'s preternatural state of excitement, but shall content myself with only one. When his health was so much restored as to admit of his going to the academy to draw, I allowed him to go. On one occasion there was a pupil engaged in copying a very difficult figure, which was more than he was equal to, and despaired of succeeding. The superintendant, Mr. ——, acknowledged the difficulty of the attempt. Mr. A. B. was standing by. He suddenly exclaimed—"I will show you how it can be done;" and, to the surprise of all, he sketched, with a rapid and firm pencil, the outline of the figure with the most perfect accuracy. When he had completed it, he seemed overpowered with shame and confusion, being naturally diffident and retiring. This sketch is in the possession of Mr. ——, who looks on it as a great curiosity.

It is sufficient in conclusion to state, that this gentleman quite recovered from all that was unnatural in his mind and body, and is now following up his profession as an artist; and it is the opinion of the first men of his profession, who know him, that if he lives he will be one of the first artists of his day.

MEDICAL ETHICS;

OR, THE

DUTIES AND QUALIFICATIONS OF MEDICAL MEN.

BY GEORGE JAMES SQUIBB.

At a time when the Medical Profession is daily, I trust, advancing,—and when the attention of the profession at large is more particularly directed to efforts for elevating the status and education of the Medical Practitioner,—I have deemed the subject of Medical Ethics not unworthy of regard and attention, feeling convinced that if the Medical Profession is to be elevated to that position and rank which we all feel it should acquire, it must be by the conduct of each individual, in his own circle, maintaining and acting upon those principles which should regulate the conduct of every well-educated Medical Practitioner. I am not about to enter into the history of Medical Ethics, although there is much that is valuable and interesting in this subject. Those who may feel disposed to become more fully acquainted with this subject, I would beg to refer to the 'Medical Ethics' of Dr. Percival (the Oxford Edition of 1849); Monsieur Simon's excellent 'Deontologie Medicale;' Gisborne 'On the Duties of Physicians,' &c., whilst I here confine myself to some remarks and suggestions upon Medical Ethics.

It has been well observed, that the profession of medicine is regulated by no absolute code of laws or rules as other professions are, but depends upon the individual character and exertions of its members: it would be indeed desirable, if it were possible, to frame a code of honour to regulate our conduct, and to serve as a beacon to direct us in cases of doubt and difficulty; and the few following suggestions are intended, in some degree, to have that object. The primary duty of a medical man, is to obtain the

most perfect knowledge of his profession; and he must be subsequently unremitting in his efforts to keep up and increase that knowledge, however vast may be his previous attainments, or deep his research. Medicine affords so ample a scope for investigation, there is so much that is yet unknown to stimulate our exertions, however diligent they may have been, that I must again repeat that the practitioner should pay the most unremitting attention to its study, though other extraneous pursuits will, more or less, interfere with the acquirement of information and the practice of his profession. I would beg here to be understood, that I do not deny to that mind which has been engaged in pursuits that may have been anxious and harassing, some relief and solace from the delights of literature or the more elegant arts; but then, even these should be made subservient to the object which I have been endeavouring to enforce; and medicine embraces so many collateral branches, that we need never be at a loss either for instruction or amusement. How few are there, then, I may presume to say, who can hope to command all the advantages that would constitute the perfect medical man; but still, every one has it in his power to cultivate one or more of these qualifications, and to endeavour to acquire some of the others. He ought to possess a sound judgment—a firmness of mind and promptitude of decision: to these should be united a perfect command of temper, a courteousness of manner, and tact to adapt himself to the various dispositions and tempers of his patients. With regard to the more immediate and personal appearance of the medical practitioner, there has been some question; some have considered that he should assume the character and tone of one who is to be implicitly obeyed; others, on the contrary, have been disposed to consider that he should have a flexibility, and even obsequiousness of demeanour. We all recollect the anecdote of Dr. Radclyffe, who might be considered as a competent judge, and who told Dr. Mead, as a great secret, that the true way to succeed in physic, was to use everybody ill; but Dr. Mead used nobody ill, and yet succeeded better than Dr. Radclyffe. I believe, however, that in this, as indeed in most cases, the truth will be found in the medium: I hold that we should, upon all occasions, and to every class and condition of patient, evince kindness and courtesy, be firm but kind, remembering the oft-quoted but apposite aphorism, "*Suaviter in modo fortiter in re.*" Personal manners and appearance, however, must not be despised: how many a man of transcendant talents and abilities may have them obscured by an awkward and embarrassed manner; a stiff or constrained air may mar our best endeavours and intentions. People cannot judge of the abilities and talents of a medical man at his first visit or introduction; but they can of his general appearance, and it is therefore essential that the first impression should be favourable, and carry our patients with us. The moral qualities required in a medical man are kindness, inducing him to sympathise with the distresses of others, and firmness, that may prevent this sensibility from being carried to an extent that would impair his judgment; but, on this point, I would beg to quote a most admirable author: "Sympathy and kindness naturally engage the affection and confidence of the patient, which, in many cases, is of the utmost consequence to his recovery. If the physician possesses what Shakspeare so emphatically calls, 'The milk of human kindness,' the patient feels his approach like that of a guardian angel, while every visit from one who is unfeeling and rough in his manners, makes his heart sick within him." But there are yet some further moral qualifications that must not be lost sight of; since we are liable to be called upon at all times, and in some cases to scenes the most distressing and agitating, it will at once be evident how requisite it is that we should always preserve ourselves in that state of bodily as well as mental health, that will render us fit for these emergencies; our habits, therefore, should be most strictly guarded and temperate, and no occasion, however joyous—no society, however fascinating—should induce us for a single moment to deviate from this conduct; for, as we read, that the Macedonian kings were reminded amidst their scenes of festivity, that they were but men, so let *us* recollect that we not only are men, but *medical men.*

I have endeavoured, thus imperfectly, to show the duties of medical men with regard to themselves. I will now pass on to consider the important duty to *our patients;* for upon this depends indeed our success in practice. It should be our first endeavour, then, to acquire the confidence of our patients. To enable us to do this, we must be careful and diligent in our attendance, and pay the strictest attention to their case. We should possess, also, a perfect command of temper, which we should never allow either the ingratitude, petulance, or rudeness of our patients to ruffle. We should observe, also, the most perfect delicacy of manners, more especially when consulted by females, and should never be tempted into any levity either of conduct or expression; admitted as we are, also, by our peculiar situation into the bosom of families, observing human nature, in many instances, stripped of all disguise, we must never for a moment take advantage of that confidence. We may become aware of circumstances that involve the happiness and comfort of families, the promulging of which would cause, perhaps, irretrievable misery. Whatever, therefore, passes under our observation, or is confided to us, should be held sacred. We must also be cautious not to narrate the cases or symptoms of our patients; it is unworthy of the medical practitioner to become the garrulous tale-bearer.

There is an anxious and important duty which sometimes devolves upon us, and upon which some difference of opinion exists: I allude to those cases in which danger occurs; and where the result is one of much hazard, should we inform the patient of our fears. This, in my opinion, requires considerable delicacy and caution, for the intimation that we consider the invalid in danger, may produce the most serious consequences, and accelerate the very event which we are desirous to avert. We should, indeed, be most careful upon all occasions in our prognosis, for upon the determination of the medical attendant,—upon his answer, nay, on his very look,—often depends the happiness, and in some cases, the very subsistence of a family; upon his judgment and discrimination hang, with painful eagerness, the devoted wife, the affectionate parent, the anxious child. What a reward then for all anxious thoughts—thoughts that may have rendered him restless day and night—when he perceives the hollow eye begin to brighten, the features to resume their intelligence, and the mind and body once more to become free; and if to this we add the heartfelt thanks, the deep respect, and the happiness and friendship that meet him when successful in these anxious and dangerous cases, what more can the medical man wish or desire? But to return to our more immediate subject.

Patients are very frequently anxious, perhaps from interested motives, to have an opinion in consonance with their own; and will often endeavour to wrest ours to please themselves, very frequently to the injury of the medical attendant; for if any thing goes wrong, he will surely have the blame attached to himself. But when we perceive this, we must be extremely cautious in forming our judgment, and decided in adhering to it when once formed; the slightest hesitation will be at once a proof that we mistrust our own judgment, and eagerly converted by patients to their own purposes. And though Dr. Gregory, in his excellent 'Essay upon the Duties of a Physician,' maintains that, if we feel we are in error, we should at once admit it, and retract our opinion, I would almost say that we should persist, rather than give to our patients the impression of weakness or vacillation.

The sick are frequently anxious also to know what may be the disorder under which they are suffering, and the remedies that are applied. Now, in many instances, there may be no impropriety in acceding to their wishes, with regard to the disease, and we should give them a clear and lucid statement; but, with regard to their knowledge of the means employed, there, I think, we should be careful. With many, the instant their curiosity is gratified their confidence would cease, and they would moreover be apt to attribute any untoward symptoms that occur to the remedies prescribed; it might also be requisite to give such medicines as, for various reasons, the patient may have an objection or an antipathy to, and we should thus deprive ourselves of efficient and useful adjuncts to our cure. Upon a review, therefore, of all the circumstances, I should be disposed to advise that, except in some particular cases, the patient should not be made acquainted with our remedial means. Remedies may be proposed by the patient himself or his friends; to these we should listen patiently, and where there may be even a chance of benefit, at once candidly admit it; but unless we are fully satisfied of the fact, no solicitation should induce us to allow them to be tried, and if the patient persist, it will become our duty, mildly but decidedly, to warn him of the probable result. Nor should we, while we discountenance these remedies of our patients, have any nostra of our own; if we by diligent research, or any extended observation, have discovered any medical agent that proves useful in the cure or alteration of disease, it is our duty, and an imperative one, to make it known to our medical brethren, that they may participate in the advantages and benefits that we may have derived from it: concealment, or mystery, are unworthy the truly enlightened and liberal mind.

There is still another duty which may be strictly considered as connected with medical ethics, and to which I have alluded in the commencement of this essay—the duty that medical men owe to society at large, and I will rather say to their medical brethren. I need not, I am persuaded, dwell long upon this division of my subject.

There should exist an anxious desire to assist each other by

every means that may be in our power—a perfect unanimity and a liberality of feeling. It may occur to us to be sent for by a patient, in the absence of the usual practitioner; we should, if possible, attend immediately, administer aid, and upon the arrival of the usual attendant, at once withdraw; nor ought we, upon any pretence, to continue or renew our attendance whilst that patient remains under his care. There always will, I regret to say, exist some unworthy members of our profession, who, regardless of the rules of medical ethics, will take opportunities of making reflections, by word or look, injurious to the practitioner in attendance, and bring odium upon the profession at large; but such unworthy members must at once be met by the contempt they deserve. It may happen that, pleased by our ready attention upon a sudden occasion, the invalid again sends for us. We must understand explicitly under what circumstances our assistance is required. If it is the express wish that we should take charge of the patient, and it is his determination to change his usual medical attendant, we have either the alternative of at once declining, or of superseding our medical friend. To an honourable mind the former alternative would, in many instances, be preferable. If our opinion is asked for any patient under the care of others, we should never be induced to give it without communicating with the practitioner in attendance, and if our opinions should differ, we ought to be as cautious—as considerate as possible, that we may not injure his reputation. Not that we are to compromise our decision, but that we, by a discreet and cautious manner of conveying our impression of the symptoms or circumstances of the case, may exonerate the previous attendant from the appearance of any serious errors; above all, we should not, if possible, ever commit our opinion to writing. We should pay respect and deference to those who may be in a grade above us in the profession; it is due to them, and would argue both a bad taste and an absence of gentlemanly feeling were it to be withheld. If, in any consultation with them our opinion should differ, we must firmly, but respectfully state it, never otherwise than candidly and in the presence of our coadjutor, but we must take care that no difference of opinion or feeling, whether personal or otherwise, should interfere with the interest or welfare of the patient; to these, all other considerations should be made subservient. I have but one further remark to make:—That associations of medical men should be encouraged; they establish a bond of union which induces them to act together in the completion of one common object—THE GOOD OF THE PROFESSION. By these associations, the members become known to each other, which is a preventive of any illiberality, and laws and regulations may be framed from time to time that would conduce much to their own benefit, and to that of society at large.

In conclusion, I may observe that it has been well remarked that, in our feelings as medical men, we should evince an earnest desire of truth, calmness, patience, kindness, delicacy and compassion, in our social relations with our patients; willingness to oblige, advise, consult, and sympathise with misfortune; moderate familiarity and invariable kindness. In our demeanour a cheerful countenance, an easy, tranquil, dignified, but not pompous air: in our manners decorum, moderate reserve, gravity, self-possession, and urbanity: in dress, cleanliness and neatness: in our language decency, simplicity, clearness, and precision. A strict attention to these few simple and easily attainable qualifications, would alone constitute the perfect medical man, and raise our profession, in the estimation of society, to that rank to which it is so justly entitled. In conclusion, I will here quote the opinion of a recent poet, who had himself in early life belonged to our profession, and who describes the Practitioners of Medicine as—

> "Men who suppress their feelings, but who feel
> The painful symptoms they delight to heal;
> Patient in all trials, they sustain
> The starts of passion, the reproach of pain.
> With hearts affected, but with looks serene,
> Intent they wait, thro' all the solemn scene—
> Glad if a hope should rise from Nature's strife,
> To aid their skill, and save the lingering life."

DIFFERENCE BETWEEN THE FIBRINE OF MUSCLE AND THE FIBRINE OF THE BLOOD.

PROFESSOR LIEBIG has been long engaged in chemico-physiological investigations; recently he has announced this curious and highly-important fact, and the experiments upon which it is founded are as follows.

When the fibrine of blood is immersed in dilute hydrochloric acid, containing one-tenth part of the acid, it soon swells up into a gelatinous mass. On adding a stronger acid, the mass contracts almost into its original volume. Placed then in water, it again expands like a sponge. This experiment may be repeated several times without any appreciable quantity becoming dissolved.

Muscular fibre behaves quite differently. Let finely-divided flesh be treated with cold water and expressed repeatedly, so as to free it from everything soluble in that menstruum, a tasteless residue is left, consisting of true muscular fibre, nerves, and cellular tissue. When this is placed in dilute hydrochloric acid, of the same strength as mentioned above, the greater portion of it dissolves immediately and perfectly, forming a slightly turbid fluid. This turbidity is owing to the presence of fatty matter. The fluid may be filtered, although with some difficulty, from the undissolved portion. This solution takes place at ordinary temperatures. When the acid solution is neutralised by an alkali it coagulates, forming a thick white gelatinous paste, which is readily dissolved by an excess of the alkalies. Chloride of sodium and other saline solutions coagulate the acid solution of fibrine; but the coagulation so formed is soluble in a large amount of water.

The precipitate obtained by neutralising the acid solution of fibrine of muscle, is soluble in lime-water; and the solution, when boiled, yields a coagulum precisely similar to a dilute solution of albumen. But if the precipitate be boiled before treating it with lime-water, it is soluble in that menstruum.

It is a highly interesting and remarkable fact, that the constituent of muscular fibre, readily soluble in dilute muriatic acid, exists in very different proportion in the flesh of different kinds of animals. Thus, for example, the muscular fibre of poultry and the ox is almost entirely soluble; whilst that of the sheep more than half, and of the calf a still larger proportion remains undissolved. The unsoluble residue is elastic and white; but it is more gelatinous and softer than the fibrine of blood which has become swollen in slightly acidified water.

The constituents of fibrine are carbon, hydrogen, nitrogen, sulphur, oxygen, and several inorganic matters.

The most important, at least the most evident, difference in the chemical constitution of muscle-fibrine and blood-fibrine is, that the latter contains a larger proportion of nitrogen than the former. It becomes, therefore, doubtful, whether muscular fibre is formed from blood-fibrine; if it be, there must be a separation of nitrogen.

The fibrine of blood always contains *iron*, which is invariably found in the ash left on incineration, although its colour is perfectly white.

Another most interesting and significant fact is pointed out in the same paper by Liebig, namely, that when blood-fibrine is made to undergo putrefaction, covered with water, in a well-stoppered bottle, it is gradually disintegrated, and in about three weeks becomes almost entirely dissolved, forming a coloured liquid, in which some black flakes are suspended; these may be separated by filtration. These dark flakes owe their colour to *sulphuret of iron*. The filtered fluid possesses all the properties of a solution of albumen. It coagulates by heat, forming a gelatinous mass, which has all the properties of coagulated albumen, and that it is identical in composition has been proved by repeated analyses made by Dr. Stricher. During the decomposition of blood-fibrine by putrefaction, a highly fœtid volatile product is formed, a small quantity of free hydrogen escapes, and the liquid filtered from the coagulated albumen contains a nitrogenous body, the nature and composition of which is not at present known.—*Liebig's Annalen*, 1850.

A safe Depilatory.—M. Boudet, in the *Journal de Pharmacie*, publishes a paper upon depilatories, in which he states that the Turkish *rusma*, and the depilatories of Plenck, of Colley, and of Delcroix, may be all described as mixtures, in different proportions, of lime and sulphuret of arsenic, to which some add gum, and others starch, and sometimes a little caustic alkali; these preparations are made into a paste with water, and applied in a moist state to the skin. M. Boudet's experiments were primarily directed to solve certain problems in reference to the art of tanning. He found that neither the lime nor the arsenic had any notable result in denuding skins of the hair; but that this depended upon the action of nascent sulphuret of calcium, formed by the action of the lime upon the sulphuret of arsenic. On this ground he tried sulphuret of sodium, and this new agent, he observes, succeeded beyond his hopes; and he proceeds to say the application of so much arsenic to the skin is attended with danger, as is the preparation of these depilatories, performed by persons unacquainted with chemistry or pharmacy.

The following is the formula he recommends:—

Take sulphate of sodium or Hydro-sulphate of soda (crystals)	3 parts.
Quick-lime in powder	10 „
Starch	10 „ Mix.

This powder, mixed with a little water and applied over the skin,

acts so rapidly as a depilatory, that if it be removed in a minute or two after its application, by means of a wooden knife, the surface of the skin will be entirely deprived of hair. By this process the removal of hair becomes so simple, rapid, and safe an operation, that it will probably supersede the use of the razor in many cases. Hitherto, the tediousness and uncertainty of the process, and, above all, the poisonous properties of the agents employed as depilatories, have greatly limited their use; an easy and safe method of removing superfluous hair, will certainly in many cases be very acceptable and useful. After the use of the above form, the hair only begins to re-appear after several days.

Oil of Bitter Almonds.—As poisoning by means of essential oil of bitter almonds frequently occurs, sometimes taken by suicides, sometimes accidentally, it is very important to be known generally, that for the purpose of being used as a flavouring material, it may be deprived of the prussic acid, with which it is generally found in admixture, and that it then becomes little more poisonous than an equal amount of any other essential oil. To free essential oil of bitter almonds from prussic acid, it must be agitated with lime and a protosalt of iron, and re-distilled. Thus purified, in quantities of one or two drachms, injected into the stomach of a dog, it acts as a poison, but not so violently as an equal quantity of essential oil of mustard; rather more so than the essential oils of juniper, savine, cinnamon, &c.

In small doses essential oil of bitter almonds is oxidized in the system, and converted into hippuric acid. In larger doses the oxidation is imperfect, part of the oil passing into the urine, and through the lungs, unaltered, and may be detected by its odour.

In fatal doses it destroys sensibility and voluntary motion, whilst the action of the heart and the breathing are accelerated. Its effects on the intestinal canal are similar to those produced by other essential oils.—*Metscherlich, in Bucksen's Repertorium.*

Can Lead in any form be taken into the system for a considerable time with impunity?—The use of various salts of lead as remedial agents, both externally and internally, has been the subject of many treatises both in journals and as substantive works for ages. Without entering into the subject of the therapeutic virtues attributed to this metal, there is one fact of some importance to which many of the writers alluded to bear witness—namely, that a considerable amount of most of the lead salts may be given in a single dose with impunity. This is especially the case with the acetate—one or two drachms, or even half an ounce, produces no particularly mischievous results. This salt may, moreover, be administered in moderate doses for three or four days, and in hæmorrhages and neuralgic affections, most advantageously. But all authors have agreed that the system cannot be imbued with this agent, by means of small and repeated doses, with impunity. Injurious effects, strikingly characteristic, almost invariably follow.

We have already brought before our readers the attempts made, under a patent, to employ lead in the manufacture or purification of sugar, and the discussion to which it has given rise. Dr. Scoffern admits that the sugar so produced or refined, and especially the molasses, retains traces of sulphite of lead, but he alleges that the quantity is so small, and the sulphite of lead so insoluble, that it is wholly innocuous. In a word, the parties interested in the patent, do not hesitate to assert that sulphite of lead is as harmless as chalk. Professors Brande and Gregory are of the same opinion; the latter, however, has published some experiments on which he founded his opinion, which experiments, we must say, are so vague and clumsy, that they ought never to have been mentioned. Drs. Periera, Alfred Taylor, Carpenter and Christison, concur in the opinion that, the presence of lead in sugar and molasses, even in the most minute quantities, would after some time prove highly injurious.

Upon this subject the *Pharmaceutical Journal* observes—"We think Dr. Gregory and Dr. Brande have been much too hasty in coming to a conclusion that sulphate of lead might be taken in small and constantly repeated doses, without any ill effects, seeing that this opinion is principally founded upon the great insolubility of the sulphate. It has been proved that insoluble substances such as globules of mercury and particles of sulphur, charcoal, and starch, are absorbed and carried into the blood. Many substances very insoluble in water, such as calomel, carbonate of lead, &c., are nevertheless known to possess considerable activity when taken into the stomach; others, such as sulphate of lead, when applied to the surface of the skin. In these cases the substances are no doubt changed by the animal fluids, and are thus rendered active; the very insoluble sulphate of lead is rendered to a certain extent soluble by the alkaline chlorides; and until it can be shown that sulphate of lead is proof against decomposition of this kind, its introduction into an every-day article of food must be considered as a very hazardous practice."

In the same journal is the following paper by M. C. Flandin, extracted from the 'Comptes Rendu:'—

"Some years ago, M. de Ruoly proposed to replace carbonate of lead by sulphate of lead. It was thought that this latter salt, being insoluble and more stable than the carbonate, would be less easily reduced or decomposed by the powers of the organism. This presumption was strengthened by the fact, that a workman engaged in the manufacture of sulphate of lead, accidentally swallowed more than 15 grains of the salt, without experiencing any ill effects. M. de Ruoly, in communicating to me this fact, and his hopes, requested that I would try the action of sulphate of lead upon some animals. In order to assume, as far as possible, the condition to which the workmen engaged in the white lead works are exposed, it appeared to me desirable to apply the metallic salts, by means of friction, over the skin.

"I had the hair shaved from the skin of a dog, and about 70 grains of an ointment, composed of equal parts of lead and sulphate of lead, rubbed in every day. After the tenth day, the animal was observed to be affected as if under the influence of incipient intoxication; he became constipated, rejected his food, and was evidently ill. He rapidly got worse, and died on the twenty-second day—less than two ounces of sulphate of lead having been used in the frictions; lead was detected in the several organs, especially the liver. Soon after this experiment, the foreman in M. de Ruoly's manufactory was attacked with lead colic, of which he died. M. de Ruoly was the first to renounce his faith in the harmlessness of sulphate of lead, and to relinquish its manufacture."

THE PHILOSOPHICAL GAZETTE.

On the Physiological Actions of analogously-composed Organic Matters.—Professor Schlossberger, who has been engaged, conjointly with Professor Griesinger, in a series of experiments on the physiological action of analogously-composed organic matters on animals (dogs, cats, and rabbits), has arrived at the following conclusions regarding the action of chemically-pure methyl-alcohol (wood-spirit), and of amyl-alcohol (potato fusel-oil).

1. Both kinds of alcohol affect the animal organism in nearly the same manner as ordinary alcohol, occasioning more or less complete intoxication when given in small quantities, and a death-like sleep when taken in larger doses. Amyl-alcohol does not seem to possess stronger narcotic properties than absolute æthyl and methyl-alcohol; a dose of ʒj of methyl-alcohol, or ʒiss of fusel-oil, produced only apparent death in large powerful dogs.

2. Both kinds of alcohol are, like common alcohol, very rapidly decomposed in the blood, the alcoholic odour being scarcely, or not at all, appreciable in the blood, even by distillation, a few hours after its administration. In two cases a perceptible odour of fusel-oil was present in the blood of the carotids, the jugular veins, and even of the heart, half an hour after the injection into the stomach of a large quantity of fusel-oil. Alcoholic spirits are therefore in part taken up unchanged in the blood from the stomach. The odour was most strongly and longer diffused in those glands which are most richly supplied with blood, as the liver and spleen; but it was *never* perceptible in the brain, even when the methyl and amyl-alcohol had been injected into the stomach as well as the rectum.

3. The action of the above-named pure species of alcohol on the mucous membranes, is the same as that exerted by ordinary alcohol:—*i. e.*, they alter the epithelium, rendering it loose and more easy of removal, and at the same time occasion partial redness and suffusion of blood.

4. Professor Schlossberger is unable to determine whether these alcohols are converted, by decomposition in the blood, into the corresponding acids. In two cases, where methyl-alcohol was introduced into the stomach of dogs, after the separation of the coagulable portion of the blood, by distilling the remaining fluid with very diluted sulphuric acid, Schlossberger obtained a distillate, which afforded a certain reaction of formic acid, with the oxides of silver and mercury. A similar treatment of the blood after the administration of amyl-alcohol, did not give the characteristic odour of valerianic acid. He, however, frequently observed, that when the liver and spleen of animals which had taken large doses of fusel-oil, from one to four hours before death, were suffered to lie many days exposed to the air, they emitted a perceptible odour of valerianic acid, although no other odour but that of fusel-oil could be detected immediately after dissection. The smell of valerianic acid was perceptible before decomposition,

but was not always present, even under circumstances apparently analogous in every respect. Professor Schlossberger here remarks, that Bouchardat and Sandras were of opinion that they had discovered traces of acetic acid in the blood of animals fed on food mixed with brandy; and observes, in reference to the fact relating to wood spirit, that it remains to be discovered, whether the normal blood of dogs may not contain traces of formic acid, where the animals have been fed on a vegetable diet.

5. The odour of the alcohol was perceptible in the urine after one or repeated administrations of the spirit; but Professor Schlossberger was never able, with certainty, to detect the presence of formic or valerianic acids.

In some experiments prosecuted with valerianic or butyric acid, it was found that when these were introduced into the stomach in a concentrated state, they produced, like acetic and formic acid, violent inflammation of the mucous membrane, with partial softening and extravasation about the fundus.

In conclusion, Professor Schlossberger observes, that he purposes instituting a series of experiments with the benzoic group of acids, with the view of endeavouring to solve the question whether these acids pass into the urine metamorphosed into hippuric acid (as has been asserted in reference to cinnamic acid), or whether they appear in the urine as analogous but not identical conjugate acids.—*Arch. f. Physiol. Feilk*, 3, 4, 1850.

Health of London during the Week.—In the week ending last Saturday, the deaths registered in the metropolitan districts were 839. Taking for comparison the ten weeks of 1840-9, it appeared that the lowest number occurred in the corresponding week of 1845, and was 786, the highest in that of 1849, when it was 1,075; the average of the ten weeks is 925, which, if augmented in the ratio of assumed increase of population, becomes 1,009. The last number exhibits a high average mortality for autumn, and places the present state of the public health in an advantageous point of view. The deaths from the epidemic class of diseases were last week 207; in three previous years (1847-9), taking the same week in each, the deaths from epidemics were respectively 327, 448, and 372. But it is an important fact to be observed, that the present decrease of mortality is almost entirely confined to the juvenile part of the population; in no corresponding week of the previous 10 years have the deaths of young persons under 15 years been so few as in last week, for the lowest number, which occurred in 1841, was 390, and the highest, which occurred in 1848, was 531. The following statement shows the deaths in three periods of life:—

	Last Week.	Average of Ten Corresponding Weeks. (1840-9.)
From birth to 15 years ...	365	459
16 to 60 years.....	279	297
60 years and upwards ...	187	168

Whence it appears, further, that whilst the rate of mortality now prevailing approaches the average amongst persons of middle age, it actually exceeds the average with sexagenarians and others at an advanced period of life. The diseases which attack the young, small-pox, measles, scarlatina, and hooping-cough, prevail much less fatally than usual. Fever, however, seems to increase: last week it carried off 55 persons; in the previous week the number was only 36, and the average is about 40. Four of the cases now registered occurred in the London Fever Hospital. Diarrhœa and dysentery were fatal in 57 cases, which rather exceeds the average. The only instance in which cholera is mentioned is recorded in the following terms:—In Bethnal-green, Hackney-road sub-district, at 23, Ann's-place, on 10th October, the widow of a sergeant in the army, aged 81 years, died from bilious calculi in the gall-bladder, causing diarrhœa and cholera (inquest). A woman of 60 years who had been brought from Edward-street, Barnsbury-road, to St. George's Hospital, died on Sept. 12, of fever from want and exposure (6 weeks), erysipelas (3 days). Four deaths are ascribed to purpura, an unusual number for this disease.

At the Royal Observatory, Greenwich, the mean reading of the barometer was above 30 in. on Saturday; the mean of the week was 29·738. The mean reading of the thermometer in the shade was 49·3 in., showing a further fall on previous weeks, and a temperature rather lower than the average of the same week in 7 years. The temperature fell towards the end of the week. The wind, which was generally in the S.W. in the early part of the week, blew from the N. and N.N.W. on the last three days.

The late attack of Cholera at the Sea-locks, Cardiff (1849). Malaria from Putrescent Mud.—While epidemic cholera was prevailing in the town of Cardiff, in the month of June, 1849, a sudden attack of the disease took place in a cluster of houses, about a mile and a half distant from the town, situated near a canal, from which the water had been drawn off, leaving a large surface of black putrescent mud to the direct action of a hot sun, and the result was that very offensive effluvia were immediately perceptible. The smell was complained of by the inhabitants of all the adjoining houses, and produced a variety of symptoms, varying in intensity in different individuals. There were on this spot 22 houses, 3 of which were vacant, and the total population was 117 souls; but of the 19 inhabited houses, 15 were attacked, so that only 4 escaped. There were in all 43 cases of diarrhœa, 33 of developed cholera, and 13 deaths; so that nearly one-third of the inhabitants were attacked with cholera, and one-ninth of the whole perished. The works of the canal were finished as expeditiously as possible, and the water admitted. Persons on the spot stated that the air felt purer immediately, and the disease was arrested.—*From the Report of the General Board of Health on the Epidemic Cholera.*

MEDICAL INTELLIGENCE.

The last number of the 'Edinburgh Medical Review' announces that the Senatus Academicus of the University of Edinburgh, conferred the degree of Doctor in Medicine on the following gentlemen from England:—Fergus Armstrong; Charles Booth; John Pierce Chullacombe; Henry Crocker; Abraham Duke; William Falshaw; Francis James Ferguson; James Hartley; Charles Harwood; William Marshall Holmes; John Johnson; George Anthony Kinsopp Lake; John Lord; Edmund Henry Peters; John Rolston; Thomas Smith Rowe; William Smith Scholefield; Francis Cornelius Webb; Nathaniel Stenson Wood; Robert Clockley; and James Christie.

Abolition of Intramural Interments.—Testimonial to G. A. Walker, Esq.—A Committee, consisting of a highly respectable body of gentlemen, has been formed for the purpose of raising a public subscription as a reward to Mr. G. A. Walker, for the services he has rendered to the cause of Sanitary Reform, in promoting the abolition of interments in the metropolitan graveyards. We trust the Committee may meet with all the success which so laudable an undertaking deserves.

The Incorporation of the General Practitioners.—A deputation of Medical Practitioners of Derbyshire was introduced on the 2nd instant, to Sir Joshua Walmesley, to request that he would support the Bill before Parliament for the Incorporation of the General Practitioners into a distinct College. The hon. M.P. expressed his willingness to aid them in the prosecution of their object, and he afterwards dined with the deputation at the Bath Hotel, Matlock-Bath.

Professor Sands Cox, F.R.S., commenced the course of Surgery at Queen's College, by an introductory lecture, delivered in the Theatre of the Institution on Tuesday evening last. The Professor took a comprehensive view of the history of Surgery from the earliest times to the present day; he stated the great principles of the science, and as preparing the Students for the ensuing course, defined the leading terms which are employed. He concluded with an eloquent encouragement to an ardent and persevering pursuit of scientific tasks. There were present, besides a large body of Students, the Warden and several members of the Council; aad at the close of the lecture, the Rev. Prebendary Gray, Warden of the College, said that, considering how interesting was the occasion on which they were assembled, he could not but request them to join with him in offering their congratulations to the Professor. That gentleman had completed a quarter of a century of medical instruction, and was now entering upon his twenty-sixth year of labour. It would be a matter of congratulation to any Professor to have continued his scientific teaching through so long a period. But Mr. Sands Cox had done more than this; he had founded and reared up the College in which they were assembled; he beheld before him and around him the fruit of his toil in an Institution which bids fair to take a high place in the science and literature of this country, and even of Europe. He would descend to posterity in the class described by that great Poet to whom reference had been made in the lecture—"Quique sui memores alios fecere merendo." Besides this, they all knew the amiability of his private deportment; and this would supply them with another reason to join him in the expression of congratulation with which he would conclude—"that the Warden, Professors, Tutors, and Students, and other friends of the Queen's College, in Birmingham, beg leave warmly

to congratulate Professor Sands Cox, F.R.S., on the commencement of his twenty-sixth year of medical instruction, and on the bright prospects and flourishing condition of the College and Hospital which he has had the honour to found; assuring him at the same time that they are deeply sensible of his philanthropic labours in the cause of education and charity, and earnestly desirous of co-operating with him for the full realization of his enlarged and comprehensive views." The proposal was received with the most enthusiastic applause.

CORRESPONDENCE.

To the Editor of the Institute.

Sir,—The cases of malformation related in your first and second numbers of the *Institute*, contributed by Dr. Webster, of Dulwich, and Mr. Squibb, are so full of interest, I beg to add two more, which may tend to assist in the elucidation of this yet mysterious subject.

On the 1st of June, 1838, I attended a Mrs. B. in labour, in Ivy-lane, Hoxton, who gave birth to a full-grown fœtus of an acephalous nature, which was no sooner born than the mother asked, in the most anxious manner, "Is it like a monkey?" I said, why do you ask such a question? She then stated that her husband came home late one night in the early period of her pregnancy, with a monkey, which he put into the copper, and placed the lid over it: she, not being told of this, and coming down stairs in the morning before her husband, on hearing a noise, which she supposed to be the cat in the copper, on lifting up the lid, out jumped the monkey, which so alarmed her that she fell down and fainted.

There was no formation of cranial bones but those of the base, the integuments were thickened, and forming a bag and falling backwards, gave much the appearance of that animal: it lived 55 hours, the last half-hour of its existence was witnessed with great interest, by Dr. Marshall Hall, who has given an interesting account of it, in his work on the diseases and derangement of the nervous system (in 1841), to which, with other cases, I would refer your readers.

The case given by Mr. Squibb is highly interesting, being so ably elucidated by the post-mortem appearances, and his physiological observations upon it; yet there is no supposed cause assigned for this arrest of development in his case. I hope, by the collection of such cases, the cause may, in a more satisfactory degree be arrived at, than is at present known.

The second case of malformation occurring in my own practice, was that of a lady, in 1847, who gave birth to a child, at the full period of utero-gestation, where the bones of each of the upper and lower extremities were so short as not to exceed three inches—the joints and bones were perfect, with the exception of length; the body was round and large, the head also large and bony. My patient evinced much apprehension during the time of her labour, by saying, "I dread to see it," "I wonder what it will be like," and such like expressions, but was under a perfect reserve as to the cause of such exclamations. I frequently, during my subsequent attendance, endeavoured to elicit the cause from her, yet she neither admitted nor denied that any sight had affected her, and here I must leave it to the inference of your readers; yet, in my mind, I have no doubt some monstrosity had been, in some manner, present to her, to excite the apprehension she showed during her labour. I might state, the case was a footling presentation, and, from the difficulty I had to extract the head, it was still-born.

I request you will attach my name as a subscriber to the 'Institute,' from which I augur good service to the general practitioners, of which class I am one.

Yours, &c.

RICHARD WALLACE.

October 14th, 1850.
9, John's Terrace, Hackney Road.

To the Editor of the Institute.

Sir,—The case of Fracture of the Cranium, which I had the pleasure to forward to you for publication in the first number of the *Institute*, is one of a series which I drew up and sent, at his own request, to my lamented friend and preceptor, the late Sir Astley Cooper. At the time that Sir Astley made the request, I believe it was his intention to publish a distinct work upon fractures of the cranium; but I am not aware that he ever carried his intention into execution. This is much to be regretted, for, from the pen of such a man,—

"Take him for all in all,
We ne'er shall look upon his like again:"

such a work would have been invaluable. I have said (parenthetically) that Sir Astley was a man, "take him for all in all, we ne'er shall look upon his like again;" and such is my firm conviction—

"For his comprehensive view
Grasped all Hunter thought, or lettered Harvey knew:"

and his industry, his talents, and his genius have diffused a glorious light, from the east to the west—from the north to the south—of the medical horizon. Would that some of his successors had trodden in his steps! There is one trait in the character of this great man, which I would most especially recommend for imitation—namely, his urbanity towards the General Practitioners. With what earnestness would he elicit their opinions; and with what deference would he treat those opinions when elicited! In *his mind*, medicine and surgery were *one*, and indivisible. I never heard him speak with severity of any set of men, except of those Simon Pures, who PROFESSED to be PURE surgeons. *Pure* surgery he designated pure humbug. But to return from this digression, I do not know that I can complete my papers more satisfactorily, than by giving them in the epistolary form in which they were communicated.

Dear Sir Astley,—I feel great pleasure in forwarding you the history of a very interesting case which fell under my care since I have been residing in this county. I do not remember to have either seen or read of a case in which an accident of so much severity and extent was followed by such trifling constitutional irritation. During my residence at the Bristol Infirmary, I was present at a vast number of cases of fracture of the cranium. The Surgeons to that Institution, especially Mr. Richard Smith, could furnish you with much and very valuable information upon the subject. The almost uniform practice, there, was to trephine in all cases of fracture with depression, and with almost uniform success.

Since I have resided in Stowmarket I have met with only four cases. The first was in a child of twelve months old. His mother let him fall out of her arms; his head came in contact with the corner of a flag-stone, and an indentation of the right parietal bone, of the diameter of half-a-crown, and nearly half-an-inch in depth, was the result. The integuments were but little injured; there were neither symptoms of compression nor concussion, and the child got perfectly well without anything of importance having been done for it. The second case to which I was called was that of a youth, aged 16, who was knocked down by the sail of a windmill. The mill was going at the time with tremendous velocity. Blood poured in torrents from the nose and ears. There was a considerable wound of the scalp, and a fracture, with depression, of the right parietal bone. The fracture extended to the basis of the cranium. I applied the trephine and elevated the bone; but the patient died two hours after the operation. A post-mortem examination was not allowed.

The third case was that of Mr. Shepherd's boy, of Royton-hall, which I have already sent you.

The fourth case was that of a boy by the name of Salmon, 12 years of age, who had a large portion of the frontal bone, directly over the superior longitudinal sinus, driven in by the breech of a gun which burst while he was discharging it. The depressed piece of bone was three quarters of an inch in diameter, and it was sunk a quarter of an inch below the surrounding bone. The boy was stunned by the blow, but almost instantly recovered his senses.

As there were neither symptoms of compression nor concussion, it was decided that the trephine should not be applied, but an ineffectual attempt was made to raise the depressed bone with a small hook. The fissure was not large enough to allow of the elevator being insinuated beneath the bone. Symptoms of high constitutional irritation soon manifested themselves, requiring, for their subjugation, venesection, purgatives, evaporating lotions, and a strict anti-phlogistic regimen. At the expiration of three weeks,

an abscess formed, from which were discharged, a considerable quantity of pus, and one large, and several small pieces of bone, leaving the dura mater denuded. After this discharge the wound healed rapidly, and the boy perfectly recovered.

Although this patient ultimately did well, I do not feel quite satisfied that the best mode of treatment was pursued. I think I ought to have applied the trephine and elevated the depressed portion of bone, for, in my judgment, there is less danger to be apprehended from the operation, carefully performed, than from allowing a depressed portion of bone to remain upon the dura mater, even though it may not, at the time, produce symptoms of compression. I was deterred from the operation by the consideration of the proximity of the superior longitudinal sinus to the injury.

Trusting, that you, my dear Sir Astley, will long live to enjoy that eminence to which your talents and your industry have raised you, and of which you may without vanity be proud, believe me to remain your faithful friend and grateful pupil,

J. BEDINGFIELD.

Stowmarket, August 16, 1833.

(*To be continued.*)

THE INSTITUTE.

LONDON, SATURDAY, OCTOBER 19, 1850.

We again invite the attention of our readers to the correspondence of Sir George Grey with the Council of the College of Surgeons. Sir George Grey, very properly, has drawn the attention of the Council, and, very fortunately, that of the Profession also, to the resolution which excludes from the Council every fellow of the College who, directly or indirectly, practises pharmacy; and the last letter of the Council declares it to be their intention strictly to adhere to this determination. We repeat the paragraph to avoid any mistake or ambiguity:—"The claims of surgeon-apothecaries or general practitioners to seats in the Council, may be best appreciated by the fact, that they are almost exclusively engaged in medical practice, and have few opportunities to practise surgery, and fewer inducements to cultivate it as a science." On reading the foregoing passage, we cannot avoid being struck with the remarkable announcement, that the members of the College of Surgeons—admitted by examination, after having conformed to the College curriculum of education, and possessing a diploma which declares the person named in it as being fully qualified to practise the art and science of surgery—are no longer to be considered as surgeons, but as surgeon-apothecaries, or general practitioners, "almost exclusively engaged in medical practice!!"

The Council go on to say that "the exceptions to the rule above stated, are the surgeons in the provinces who are attached to hospitals; who are connected with mining and manufacturing establishments, the operations of which are productive of manifold injuries requiring surgical aid; or who have obtained a deserved reputation as the consulting and operating surgeons of the districts in which they reside." To these, and they are not a few, the Council, bearing a cordial testimony to their high professional character, would most willingly, notwithstanding they "practise and are under the necessity of practising pharmacy," extend the right of eligibility to the Council, but they confess their inability to draw any line which shall include those practising pharmacy, whose professional qualifications may entitle them to seats in the Council, and which shall *exclude* those practising the same, who have no such pretensions on the score of superior skill and knowledge in surgery. The Council have, therefore, arrived at the conclusion, in accordance with the provisions of the charter of their College, that it is indispensable to the maintenance of sound chirurgical knowledge, and no less to the interests of the profession and of the public, that the government of the College should never be entrusted to those who, practising pharmacy, have been immemorially designated as Apothecaries."

We were not aware, until thus enlightened by the Council, that the College of Surgeons either claimed the privilege, or possessed the qualifications, for educating Apothecaries, or for testing their acquirements. We, in our simplicity, had almost persuaded ourselves, that the stout assertions of the Council—that the College they presided over was a College of Surgeons, and nothing but a College of Surgeons, was to a certain extent true; and although our dependence upon their equally sturdy determination never to consent to its being made anything else than a College of pure Surgeons, was never very strong, we were certainly quite unprepared for this wholesale manufacturing of Surgeon Apothecaries and General Practitioners, out of the old members of the College!! by a *hocus pocus* paragraph, in a letter from the Council to a Minister of State. We are quite incapable of fathoming what the Council of the College of Surgeons are aiming at: none of their published documents help us in the least: in every paper they publish, they strenuously insist upon retaining the exclusive right to manufacture Surgeons; and so proud and so jealous are they of their great skill in this art and mystery, that they boldly assert that no other body *can* perform the duty half so well; yet do they with the most marvellous inconsistency commence disparaging their own *alumni*, by calling them by any and every depreciatory medical cognomen they can think of, except the one they have an undoubted right to hold, by virtue of their diploma We commend, however, this Surgeon-Apothecary portion of the letter of the Council, to the careful attention of the Law-officers of the Apothecaries' Society.

We do not suppose, however, that the Apothecaries' Society will venture to declare war against the College of Surgeons. Formerly, when threatened with a summary decapitation by their brethren of the elder institutions, the former plucked up spirit, and, by virtue of a bold front, a good cause, and the powerful, though but feebly acknowledged, assistance of the National Association, they succeeded in discomfiting both their foes. But the Society has now neither the spirit nor the inclination to commence a new campaign in vindication of their former principles. Intrigue, we fear, has been at work, and cajolery has diverted them from their high intent. In the able documents declaratory of their principles, when fighting against monopoly with the National Association at their back, the great defect of the Act of 1815 was stated to be the absence of any authority to examine in surgery; the examinations at the hall, confessedly excellent in every other department of medicine, being thereby rendered incomplete and inefficient—were, in consequence, embarrassing and otherwise unsatisfactory to the executive of that learned body. In the recently issued programme of the society, we still find that surgery is not named in the curriculum, without the slightest expression of lamentation for the sad omission!

Verily, we have no hope for the Profession, if its sole reliance be placed upon the good faith of the corporations.

There is no subject of deeper interest to mankind than that of health,—there is, perhaps, none the importance of which is more appreciated by every individual of the community, from the peasant to the prince; and yet there are few sub-

jects which are less regarded by the Government and the Legislature. That for which "Kings would give their diadems," has been a matter of indifference, and something more, in a British House of Commons. Legislators have exhibited a total ignorance of the principles, the details, the complexities, and the intricacies of all those questions which relate to the public health; and of their bearings upon the prosperity and the happiness of the nation. Ignorance of the subject implies a total incapacity to legislate; and questions which involve the well-being of millions, have ere now been summarily disposed of, by "counting out" a house; or have been conducted, *sub silentio*, through their various stages, by some interested advocate of the self-elected and irresponsible councils of institutions founded centuries ago, which time has rendered totally inadequate for the present requirements of the profession, and whose laws and ordinances are in complete discordance with the spirit of the age in which we live.

Our legislators may have adopted the Roman adage, "*salus populi suprema est lex*," in its figurative sense, but they have certainly disregarded it, *in toto*, in its literal acceptation; and even our newspaper press, our fourth estate, the great organ of public opinion, has but very partially, and generally for special and temporary purposes, grappled with questions relating to public hygiene. Medicine, as a profession, is neither understood nor appreciated in this country. It is quite true that the members of the community, in their individual capacity, rely sufficiently upon professional aid for the alleviation and cure of diseases, and are proverbially habituated to the use of drugs and medicines; but the confidence of the community in the profession, thus implied, is a confidence reposed in individuals. The public, places no confidence in medicine as a science, nor in the profession as a body of scientific gentlemen and philanthropists, educated for the practice of medicine, as the science of life and death. Hence, if we analyse the public confidence, we find it shared promiscuously by the Morrisons, Brodies, Jepsons, Dixons, Chambers, and Quins of the day, with this remarkable contingency—the most impudent and most illiterate charlatan stands the best chance of making the largest fortune. If the community was well advised that medicine is now based upon strictly scientific principles; that the result of medical experience is a matter of figures; that the metaphysical subtleties of the schools are discarded from its records, and that truth or falsehood in physic, as in other sciences, admits of demonstration,—if the public, we say, knew that the practice of physic is right when conducted upon correct principles, and wrong when conducted upon erroneous principles, and that the two things differ as widely as life and death—then would that same public cease to lavish its guineas upon homœopathists, mesmerists, and hydropathists, or to deify its Morrisons and St. John Longs.

If the public was sufficiently apprised of the rational basis upon which medical and surgical practice is now conducted, the existing apathy would be replaced by active and zealous services to promote the welfare of the medical profession. We should never again witness the anomaly of a Minister of the Crown making himself a party to a Bill, which could have no other effect upon the great mass of the profession in this country, than to keep them at arms length from the more favored and the initiated few—the fellows, to wit, of the College of Surgeons. The standard of education adopted by the colleges for the general practitioner—the physician and surgeon of the people—would no longer be a subject of indifference; and the health of the people would no longer be bartered for the aggrandizement of the individuals composing an arbitrarily selected fellowship. We give these illustrations because they have been for a long time the most prominent in the professional mind; but the subject is infinite in its ramifications, and the public indifference, arising out of the public ignorance of its importance, is at the present moment one great obstacle to the improvement of medicine as a profession.

We heartily wish we could say that this is the only obstacle. The profession, for many years, has called loudly for medical reform, but, unfortunately, the word has been employed only as a watch-word. The greater number of those who have availed themselves of it, have never once seriously asked themselves, what it is they intend to imply. Medical Reform at one time meant the forcing of the portals of the College of Physicians by the licentiates of that college; at another time—under the auspices of a Lawrence—it meant the possession of the College of Surgeons by the members of that college; now it is a scheme of legislation, proposed by a Minister of the Crown, at the instigation of the colleges, for the purpose of perpetuating the most obnoxious of their antiquated usages, and the most arbitrary of their distinctions. Presently, the profession is informed that medical reform means "A Registration Bill." Can our professional brethren fail to see how completely they have been hoodwinked throughout this series of years? Certainly not—the history of the professional resistance to partial and delusive schemes of reform or change, during the last five or six years, proves that the profession is fully aware of the impositions that have been attempted.

The documents issued by the General Practitioners, and the support given to their various associations, prove incontestably that Medicine is at last bursting its thraldom; that the profession at large has begun to think and reason for itself; that it is giving a definite and comprehensive meaning to the term "Medical Reform;" and that its energies are no longer to be exhausted in a sham warfare, carried on for the exclusive benefit of journalism, or the personal aggrandizement of unprincipled leaders. This change in the professional mind, if acted upon, must result in the complete triumph of the cause, and the emancipation of the profession from the evils with which it is at this moment afflicted.

At the same time, we admit most fully the difficulties and intricacies of the Medical Question, and we are quite aware that a great proportion of the profession is even now by no means thoroughly informed as to its numerous relations and bearings. To place every doubtful and disputed point in its clearest light, will be amongst the earlier and most vigorous efforts of this new Journal. We do not disguise from our readers that we are brought into existence to serve a political purpose—to give a new impulse to the national cause of Medical Reform. We hope to meet with the support of the profession for this especial purpose. We are by no means inimical to the interests of the Colleges of Physicians and Surgeons; we hold that the Apothecaries' Society has lived its day, and must now be courteously and honourably dispensed with; we regard the General Practitioners virtually as "the profession;" we are determined to give our most thorough support to every measure and every proposal which is calculated to benefit the science and practice of Medicine, and to diffuse professional knowledge generally; and we will countenance no legislative enactments which are not calculated to sustain the character, the attainments, the honour, and the station, of the great mass of the profession in this country—

THE PHYSICIANS AND SURGEONS OF THE COMMUNITY AT LARGE—practising on the broad principle that MEDICINE AND SURGERY ARE ONE SCIENCE.

THE MEDICAL PROFESSION AND INSURANCE OFFICES.

IN the *Daily News* of Wednesday the 9th of October, there occurs a report of a case in the Colchester County Court, of considerable interest to the profession. Mr. S. A. Philbrick, surgeon, of Colchester, claimed from the National Provident Institution, whose offices are in London and Colchester, the sum of one guinea, for a medical opinion supplied to them at their request. It appeared in evidence that in August last a Mr. Harwood sought to insure his life in the National Provident Institution, and in the course of the usual inquiries instituted by the office, had referred to Mr. Philbrick as his medical attendant. The Secretary had, thereupon, written to Mr. Philbrick, stating that reference had been made to him by Mr. Harwood, and requesting that he would favour the Board with answers to certain questions which were enclosed. It was, moreover, stated by the Secretary, that the Board considered all such communications from a medical man as private and confidential. Mr. Philbrick sent the answers as requested, with a note charging a fee of one guinea for his trouble. After some correspondence between him and the Secretary, the National Provident Institution declined to pay the guinea. Hence Mr. Philbrick, very properly, as we think, brought his action.

On the trial, however, it was proved on the part of the Insurance Company—indeed, it was admitted by Mr. Philbrick—that for some years he had been in the habit of supplying them with such information gratuitously. And on this ground the Court held that he could not recover without giving express notice to the office that he intended to discontinue his gratuitous information. This it seems was not done, and judgment was given against Mr. Philbrick, with the express intimation on the part of the judge, "that if this had been the first transaction of the kind between Mr. Philbrick and the office, he thought they would have been liable, and must have paid him."

We have not alluded to this case on account of the result, because that, under the circumstances, was against the plaintiff; neither have we alluded to it because we believe that the dictum of a County-Court Judge is infallible, or even binding upon other tribunals; but we have called the attention of our readers to it simply because we are aware it is a topic which has excited occasional discussion in the profession, and we have a strong opinion that the dictum of the judge above quoted, would be confirmed by his brother judges of the County Courts, as well as by higher authority.

The rationale of the matter is this:—It is entirely for the benefit of the Insurance Company that the opinion of a medical man is required as to the health of the proposed insurer. Mr. Jones is anxious to insure his life—he goes to the office for that purpose; he receives a printed formulary, amongst the requirements of which, he finds a reference to his medical attendant: he gives the name and address; the insurance office apply confidentially to the medical attendant, requesting a confidential answer. What can be more clear than that the whole of this process is for the advantage and protection of the insurance office? It is for the advantage of the insurance office that a healthy life should be insured; it is for the protection of the insurance office that an unhealthy life should be rejected. The insurance office alone benefits by the information, and ought to pay for it.

This is common sense, and, we write advisedly, common law also. It is perfectly competent to the various insurance offices to come to an amicable arrangement, by which the opinion of the medical man, so essential to their interests, shall be properly remunerated. Perhaps the applicant for a life insurance would not object to pay one-half of the expense if the office paid the other. But until some arrangement is come to, we recommend all medical practitioners, general and particular, to claim their fee from the insurance offices for whatever professional information those offices require, and we have no doubt the claim would be made good in our courts of law.

THE CORONER'S COURT.

THE office of Coroner is the only judicial office directly connected with the medical profession. The Coroner has, indeed, also legal functions, by no means unimportant; but his chief duties rather appertain to the science of medicine, than the science of law. Law gives perfection and completeness to his office; but in the domain of medicine, he exercises a larger sway. He sits in judgment on the human body when the vital spark has fled. Until disease, violence, and consequent death, have done their fearful work, his functions are dormant. It is only after the final catastrophe that his court is thrown open, and jurors and witnesses are summoned, to deliberate and testify.

In considering, therefore, what antecedents a candidate for such an office should bring, a thorough acquaintance with the science of medicine, in its leading branches, cannot be overlooked. We deem a medical qualification indispensable for the adequate performance of a Coroner's duties. He has to examine medical witnesses, to sum up medical evidence to the jury, to comment upon and explain all the facts in their relation to the remote and proximate causes of death; and it is impossible for him to do this effectually, unless his mind has been trained to the consideration of the subtle, mysterious, and manifold methods by which the temple of life is invaded. The "cause of death" is the paramount object of a Coroner's Inquest. That once clearly ascertained, other questions arise. If the cause of death be natural or accidental, then the verdict is pronounced without hesitation; if the malice or culpable conduct of others have led to the homicide, negligence must be made responsible, and the criminal detected.

Under the present mode of requiring medical testimony at inquests, the necessity of medical knowledge in the Coroner is still more obvious. Practitioners who have not opened a body for twenty or thirty years (if ever), are now suddenly called upon, in the metropolis or the provinces, by the mandate of a Coroner, to perform a *post-mortem* examination. They are palpably unfit for the task, and the observations they make comparatively valueless. Scarcely four years ago (we write from memory), an elderly woman, between 60 and 70 years of age, was found hanging behind the door of a room which she occupied in the City of Westminster. A Coroner's jury was impanelled, medical (with other) evidence was adduced, a non-medical Coroner presided and summed up the evidence to the jury, and a verdict was returned to the effect, that the old woman hung herself in a fit of temporary insanity. Upon the faith of this verdict she was, without further inquiry, interred by her friends. But rumours of foul play became rife in the neighbourhood; the female attendant of the old

woman was apprehended, the body was disinterred, and, without recapitulating every step in this remarkable case, it was ultimately proved by indisputable evidence, and by the confession of the female attendant, that she, being a vigorous and powerful woman, without any other weapon than her hands and arms, had strangled her mistress in bed, and afterwards tied her up behind the door, in order to induce the belief that she had committed suicide. This crime was perpetrated for the sake of a few pounds which the old woman kept about her, and the murderess expiated her offence on the scaffold. We are aware that this instance militates strongly against the present mode of procuring medical evidence in Coroner's Courts (a topic which we have yet fully to entertain), but we conceive also that it illustrates the necessity of medical knowledge in the Coroner, who, had he been fully competent to his office, would never have allowed the careless and ignorant medical testimony here given, to have passed without exposure, censure, and correction. As far as the Coroner's Court was concerned, this inquest was a lamentable failure.

Added to the medical knowledge which a Coroner requires, sufficient legal knowledge must be cultivated also. He must be familiar with the general principles of evidence; able to draw up his inquisition in due form, and be well acquainted with the distinction between manslaughter and murder. This information is not difficult of acquisition, but we are ready to admit it ought to be provided. We would, however, guard ourselves against the supposition that any technical adherence to legal rules is advisable in a Coroner, except in the mere formal part of his duty—the framing of the inquisition. As regards the principles of evidence, he will have to remember that his Court is but a preliminary stage in a great judicial process; that no individual ever stands accused before him; and it will often be incumbent upon him to receive evidence which would be rejected at the Assizes and at Westminster. In the Essex tragedy, at this moment enchaining, if not engrossing public attention, a striking example of what we mean occurs. There the Coroner allows the mother of the wretched victim to state what conversation she had with her daughter when she last parted from her. Her daughter tells her that she is about to meet, by appointment, him who is now her alleged murderer. When he is tried in a Superior Court this conversation will be rejected as hearsay evidence; but it is most properly received by the Coroner, as affording a clue which may be effectually followed out by the officers of justice. While, however, the mere technicalities of law are to be disregarded by the judge of a Coroner's Court, the study of criminal law and medical jurisprudence will inevitably be required of him.

We hope, in what we have advanced, not to imply any antagonism between the legal and medical professions. Such a course would be absurd, and wholly unworthy the character which this Journal seeks to establish. We have dwelt upon the qualifications, medical and legal, of a Coroner, solely in reference to the general interests of the community. Whatever predominance we have given to medical attainments, has been, in our opinion, necessitated by the nature and duties of the office.

We have abstained from entering into the question, how the conditions which we require, *precedent* to the election of a Coroner, can be most reasonably enforced. Whether the diploma of a College should be demanded, or the certificate of an Examining Board, specially composed of medical and legal dignitaries, we do not now stop to inquire; our aim is to rouse the attention of the medical public to the urgent necessity of a reform in the Coroner's Court. As we have begun, so shall we proceed throughout the various ramifications of the subject, until our aim is accomplished.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

XVI. Means of Checking Vomiting.—From Wanderlich's 'Hand-book of Pathology and Therapeutics.' The simplest method of moderating vomiting is rest, and the horizontal position. A warm and aromatic application to the epigastric region is also useful; repeated sinapisms, in a tartar emetic plaster on the region of the stomach, sometimes check an obstinate habitual vomiting; moreover, a bladder filled with ice, and similarly applied, will, in many cases, prove serviceable. The most important internal means are:—1. Carbonic acid in all the forms of its application; it is, however, useful only in the milder forms of vomiting. 2. Ice, a palliative means in severe vomiting. 3. Narcotics, of which the best are hydrocyanic acid (the mildest), belladonna, opium (the most certain), nux vomica (in chronic cases); these are, however, mostly only palliatives in severe cases. 4. Vegetable and mineral acids (citric acid, acetic acid, sulphuric acid). 5. Small doses of salt (of common salt, sulphate of potash, sulphate of magnesia, muriate of ammonia, muriate of lime, and of salted meat). 6. Bitters, as quassia, gentian, wormwood, ox-gall, black unsugared coffee; these, however, are only available in the less severe forms. 7. Aromatic and ethereo-oleaginous remedies will often stop moderate vomiting; and in more severe cases they will moderate it, and render it less painful; as infusion of chamomile, oil of peppermint, cinnamon, oil of cloves, oil of turpentine. 8. Alcohol and ether, especially in the chronic forms of vomiting, taken in the form of the finer wines, as Malaga, Tokay or Marsala, or in the form of certain liqueurs, as spirits of wormwood, or spirits of aniseed, or as sulphuric or acetic ether. 9. Ipecacuanha, in very minute doses. 10. Creosote. 11. Certain metallic remedies, as the soluble salts of iron, calomel, bismuth, nitrate of silver, zinc, and lead in small doses. 12. Tincture of iodine (strongly recommended by Radomacher, and found useful by myself, when given in doses of from four to ten drops in some mucilaginous vehicle); and many other remedies."—*British and Foreign Medical Chirurgical Review, pp.* 833-4, October, 1850.

XVII. Treatment of Tic Douloureux and other Painful Nervous Affections, with a New Apparatus,—the Aneuralgicon. Condensed from a Work by C. T. Downing, M.D., M.R.C.S.—The Aneuralgicon is a name (compounded of α-νευρκ-αλγος) applied to an instrument constructed for allaying pain in nerves. It is a kind of fumigating apparatus, in which dried herbs are burnt, and the heated vapour directed to any part of the body.

It consists essentially of three parts, with their media of connection,—a *cylinder*, for igniting the vegetable matter; *bellows*, for maintaining a current of air through the burning material; and *tubes* and *cones* for directing the stream of vapour.

The *cylinder* is a silver vessel, of a cylindrical shape, about two inches in length, and one inch in diameter. It has a metallic plate at the lower part, perforated with many holes, on which the burning materials lie. Beneath this is an opening for the admission of air, and a socket into which an ivory handle is made to screw. The dome-shaped lid, fitting accurately to the top of the vessel, allows the vapour to escape through an orifice and tube at the summit.

The *bellows* consist of two plates of mahogany, of an oval shape, and about eight or nine inches in length. These are joined together by thin leather, maintained in its proper position by ribs at suitable distances. A strong spring is fixed in the interior, to keep the plates apart, and react against the pressure of the hand. A socket to hold the *ivory handle* of the cylinder is fixed upon the upper plate, and a strong strap and buckle to fasten the bellows together, when required for transport. The lower plate contains the valve, at the posterior part, for the admission of air, and the nozzle, at the anterior extremity, to afford it exit. A stout tube of vulcanised India-rubber, about a yard long, connects the nozzle of the bellows with the lower orifice of the cylinder.

When these parts are united, and pressure is made on the upper plate of the air-vessel with the hand, a current of air passes through the nozzle of the bellows, along the caoutchouc tube into the cylinder, and from thence escapes from the orifice at the top. So, when any prepared vegetable material is put into the cylinder and ignited, a stream of warm or hot vapour will pass out in the same direction.

The arrangements for applying this current are varied. One small *silver tube* gradually tapers to a point, and is employed to inject the *meatus auditorius*, and other passages; another is curved at the end for application to cavities and points of the mouth and

palate; a third, made of elastic material, is considerably larger and longer.

In order to apply the vapour with advantage to a *surface*, cones of various sizes have been constructed. These are tubes, shaped like extinguishers, covered with leather, and lined with sheet lead. By this arrangement they retain the shape given them by the hand. These tubes and cones are, of course, adapted to the orifice at the upper part of the cylinder. In consequence of the length and flexibility of the caoutchouc tube connecting the bellows and cylinder, readiness of application to all parts of the body is insured.

The materials used in the aneuralgicon are chiefly the leaves, slender stalks, and seeds of plants. After carefully selecting the herbs, they are thoroughly dried by a gentle heat. Each leaf, if it be a large one, is then taken separately and rubbed between the hands, so as to break up the parenchyma into small fragments, from which all stalks and woody fibre should be excluded. Some roughly powdered cascarilla bark may then be added with advantage.

The plants chiefly employed have been belladonna, henbane, cannabis indica or Indian hemp, tobacco, aconite, stramonium, hemlock, savine, digitalis, and a few others. The seeds of henbane, colchicum, and cannabis have also been added, under certain circumstances.

The chief medicinal effects observed in the use of this instrument are those of a sedative character. But the remedial influence of the aneuralgicon is not alone confined to the use of certain herbs. A considerable power is attributable to the warmth or intense heat generated. When the vegetable matter is ignited, and a current of air is made to pass through the burning mass, a small or great degree of heat can be produced at pleasure. Thus, when the hand is gently pressed upon the bellows, a mild, warm stream of vapour is poured forth, which may act as a douche to tender parts. But by strongly and rapidly compressing the same receptacle, the fire within the cylinder is urged, like that of a smith's forge, and the blast is intensely hot and burning. In this way any degree of rubefaction may be effected on a large or small surface; and by gradually augmenting the temperature, no bad substitute for the moxa is obtained. Thus we have in this aneurodyne apparatus the effects of heat and of medicated vapour; and each of these may be obtained singly or combined together in regulated proportion.

In allaying the pain dependent on excessive irritability and excitability of particular nervous fibrils, the aneuralgicon will be found a most valuable auxiliary, sometimes a direct therapeutic agent. The effects of both gentle heat and sedative vapour combine to produce the cure.

Dr. Downing speaks with the more confidence of the power of this instrument in removing the painful affections of nerves, as he has tried it in a considerable number of cases. It was from observing the benefit afforded in certain instances of such distressing maladies that he named it the aneuralgicon, or pain-assuager. In obstinate facial neuralgia, or tic douloureux of many years' continuance, which had resisted every other kind of treatment, he has more than once been fortunate enough to cure the complaint in one or two sittings; several times, by a few applications. And this without giving the patient any internal remedy. More frequently, he has employed it as a local adjuvant of other resources of medicine. And he has observed, that when the administration of drugs by the stomach has failed altogether in producing a specific effect in allaying the local nervous excitement, the combined auxiliary use of the aneuralgicon has brought about a speedy cure.

Although most sanguine about the influence of this apparatus in treating facial tic-douloureux, he has found it available in neuralgia of other parts of the body. Thus many cases of sciatica have readily yielded to the application.

There are many other complaints that may be benefited by the same means, used with judgment; more particularly rheumatism of the scalp, hemicrania, *clavus hystericus*, and painful affections of the jaws; also the cold kind of rheumatism, seated in various parts of the body, which is relieved by the application of heat. A stream of warm sedative vapour, poured into the external opening of the ear by means of the aneuralgicon, will often immediately allay the pain of otalgia. He has found it very serviceable in certain cases of nervous deafness, depending on excessive irritability of the parts; and its power of restoring a deficient secretion of cerumen is very great.

Dr. Downing by no means proposes the aneuralgicon as an infallible specific for neuralgia, or pretends that it is applicable to all cases. Some discrimination and management will be required, and then, he believes, it will often be found to act *as a charm*, and generally serve as a useful auxiliary. The cause of the nervous excitement must be diligently sought after and removed; but in cases where this cannot be discovered, or, when found, cannot be dislodged, the pain may still frequently be effectually and even permanently allayed. *No ill effect has ever followed its use.*

XVIII.—Illustrations of the Use of the Microscope and Micro-chemistry in the Practice of Medicine; being Excerpta from an interesting paper published in the last number of 'Guy's Hospital Reports.' By Bransby B. Cooper, F.R.S. *Diagnosis of Malignant Disease of the Eye.*—Having removed a small tumour from the angle of the eye, I sent it to my friend Mr. Dalrymple, without informing him either of its locality or of the nature of the disease; the following was the report:—"I should suppose that the tumour was removed from the eyelid, as I find that skin, cellular membrane, muscular fibre, fibro-cartilage, and mucous membrane enter into its composition; and from the nature of the fibro-cartilage, I believe it is a portion of the tarsal cartilage; as to the disease, from the appearance of the exudation corpuscles, I am inclined to suspect it to be of a malignant character." All this proved to be true; and yet the size of the diseased portion was so minute, that no opinion could have been arrived at without the aid of the microscope, as dissection could never have revealed what the magnifying power of the instrument so readily made apparent.

Diagnosis of a Malignant Disease of the Uterus.—Mr. Shearman, of Rotherham, had a patient with a tumour in the uterus. The nature of the tumour was doubtful, and he had some idea of removing it. He first, however, brought away a small portion with an exploring grooved needle, and, by microscopic examination, ascertained that it was genuine cancer. He therefore thought it advisable not to interfere with it further by operation, and, in three months, the lady died from the disease.

Prognosis after Removal of a Diseased Testicle.—Mr. C——, a patient of Mr. Guthrie, was wounded while shooting, and three shots entered one of his testicles. The consequent inflammation was soon removed by the application of leeches, cold, and other appropriate remedies; but, after a few weeks, the testicle again began to swell, and became very painful, and, in the course of six months, it had acquired so large a size, that Mr. Guthrie was induced to remove it. The removed testicle was sent to Mr. Quekett to inspect. He noticed that the contents of some of the veins were purulent; this induced him to examine the blood microscopically, and he discovered rather more "cancer cells" than blood "corpuscles." This fact he immediately communicated to Mr. Guthrie, and, at the same time, expressed his opinion that the disease would return. In a few weeks, the patient was well enough to leave London for Brighton, where, however, in a very short time, he died of peritoneal inflammation, occasioned by enlarged lumbar glands. The diseased parts were sent to Mr. Quekett, and in them precisely similar cells to those which had previously been detected in the blood-vessels of the testicle, were found, fully corroborating his former opinion.

Diagnosis of Consumption.—A medical friend in Wiltshire sent Mr. Quekett the sputa of a young man about sixteen years of age, who had suddenly become very thin, and, at the same time, the subject of a frequent cough. Upon the examination of the sputa under the microscope, Mr. Quekett not only detected pus, but small portions of the fibrous structure of the lungs. He predicated consumption, and a few weeks confirmed the truth of his suspicions.

Diagnosis and Prognosis of Spinal Affections.—A person may receive a blow on the back, which may give rise to the formation of an abscess. If such an accident happen to a patient of a strumous diathesis, the bones of the spine are liable to become affected, and lumbar abscess will be the consequence. Without any such exciting cause, however, a lumbar abscess may form from an idiopathic deterioration of the spine. Now, it becomes a matter of the greatest importance to ascertain whether the abscess in question results from the mere local injury, or from an inherently defective constitution; as, in the former instance, the prognosis would be favourable, while in the latter, the disease must be considered of a most dangerous character. The microscope and chemistry will almost invariably decide this question, by rendering the phosphate of lime evident in the case of a diseased spine.

Diagnosis of an Hydatid Tumour.—A young lady, aged 28, called at my house on the 20th of February, 1850, under the following circumstances:—"She stated, that fifteen years before, she had fallen upon her nates, causing her considerable pain, especially on the right side of the part injured; and that from that period she had perceived an enlargement in the right gluteal region, which had gone on gradually increasing in size. Upon examination, I found a tumour about the size of a child's head, tense and fluctuating, perfectly painless, even upon manipulation,

and without the slightest discoloration of the skin. With a small trochar and canala I drew off about ʒxij of perfectly limpid fluid, as clear as from a mountain stream; the specific gravity was 1.008: by analysis it was found to contain chloride of sodium, and a small quantity of phosphate of lime, properties so exactly coinciding with those of the fluid of the spinal marrow, that I was at first led to suspect some communication between the tumour and the vetebral column; but upon more minute inquiry into all the symptoms, the perfect absence of any approach to affection of the spinal nerves convinced me that the opinion was fallacious. Upon placing the fluid under the microscope, I soon detected numerous Echinococci, which cleared up the case at once, proving the tumour to depend upon the development of hydatids. I determined, therefore, not to interfere further with the tumour, having intended, before I made this discovery, to inject it; but, from my experience in cases of hydatid tumours, I have found that the constitution of the patient remains unimpaired, so long as the animalculæ are alive, and that irritative fever is excited directly they are killed, as they immediately begin to act as any other extraneous matter, and create considerable local as well as constitutional irritation. I saw the lady again in March, when I found the tumour had scarcely increased since I had drawn off the fluid, and that it had remained quite free from pain; but she told me that her face and neck had become covered by an eruption on the day I drew off the fluid, which remained nearly a week, and then disappeared.

Detection of Extravasated Urine.—It sometimes happens, after the operation of lithotrity, or more frequently from stricture, or from a blow on the perinæum, that an abscess may form in the perinæum, groin, or even on the upper part of the thigh, when it becomes a matter of great importance to discover whether or not this formation of matter depends upon the extravasation of urine, or merely upon an irritation set up from either of the above causes. The question may be readily decided by evaporating a small portion of the evacuated pus to the consistence of syrup, rendering it quite cold by placing the vessel in which it is contained on an ice bath, then adding a few drops of pure nitric acid; and laminated crystals of the nitrate of urea are immediately formed if urine be present.

Detection of Visceral Secretions in the Fluid of Abscesses.—I have lately had a gentleman under my care, aged 63, who, thirty years ago, met with an accident, by which his back was injured; an abscess formed just below the last rib, and ever since matter has continued to form and make its escape by the opening. For the last five or six years he has become much emaciated; his appetite is bad, and his bowels very irregular in their action. Lately the discharge from the abscess has been of a bright yellow colour; and since this has been the case, he has apparently lost flesh more rapidly than before. I placed some of the yellow discharge under the microscope, and it appeared to me to be composed of chyle, mixed with granular mucous corpuscles, tinged with bile. Not satisfied with my own observations, I took some of the fluid to Mr. Quckett, who said that he could not be quite certain about the presence of chyle, as the specimen had become somewhat dry, but that there was no doubt of the presence of the biliary matter; besides this, to prove that the fluid had passed from a bowel, he pointed out to me the presence of some half-digested muscular fibre. Since that period, I have seen my patient, in consultation with Dr. Addison, and we both detected a strong fœcal odour in the discharge from the abscess; this proved that chronic abscess, now, at any rate, communicated with the interior of an intestine.

Detection of an Injury of the Urethra after the Operation of Lithotrity.—A gentleman who had submitted to lithotrity, had an abscess formed in the groin, after he had experienced great pain in voiding a portion of detritus: the surgeon questioned whether or not the urethra had been lacerated by the portion of calculus, and was disposed to believe the abscess had resulted from mere irritation. I tested the pus by the method I have described, and detected urea, which was at once conclusive that the urine had escaped from the natural passage.

Detection of Rupture of the Urethra.—A patient of Guy's had a blow on the perinæum; a few days afterwards, he was seized with rigors and great pain behind the scrotum; the next day a tumour of considerable size had formed, and the patient suffered from retention of urine. I immediately laid open the perinæum, and evacuated a considerable quantity of pus, which, upon analysis, gave evidence of the presence of uria; and the true nature of the case, namely, the rupture of the urethra, was subsequently further determined by the urine passing through the opening I had made. I have, however, in two or three cases of blows on the perinæum, known abscesses to result, and upon analysis of the pus, not found uria to be present; in each of these cases, the openings I had made, healed without any escape of urine through the wounds. The treatment of these cases should be modified by the knowledge thus acquired of whether the urethra were wounded or not, as in the former case the patient should only be allowed to pass his urine through a catheter; while, in the latter instance, the use of the catheter is not only unnecessary, but should be strenuously abstained from, as it would only tend to increase the irritation uselessly. Abscesses in the loins, which are sometimes known to result from lesion of the kidneys or ureters, might, although usually so difficult to recognize, be at once diagnosed by this method of analysis, which should never be neglected where there is any doubt about the subject.

The Detection of Constitutional Affections by the Character of the Urine.—Without entering into the subject of the peculiar changes to which the urine is liable under different forms of disease, or of the indications furnished by these abnormal characters, it will be sufficient for the purpose of proving the applicability of chemistry, and the microscope, to take the case of urine containing a visible opaque deposit. Such a deposit may arise from many different causes, and may consist of matters differing extremely from one another, and indicative of totally opposite conditions of the constitution; it must, therefore, be very important to be able to distinguish these various deposits from one another, inasmuch as the treatment of the patient must be regulated according to the nature of the urinary deposits, as pointing out, very generally, the origin of the evil, as to whether it arises from trifling functional disorder, or from severer constitutional lesion. So much do these urinary substances vary, and still sometimes so resemble each other in appearance, that it is often extremely difficult to distinguish between them by the ordinary means of observation; and I think I may venture to state that, under existing circumstances, it would be impossible, by the unaided senses, to dermine whether such a deposition consisted of uric acid, urate of ammonia, phosphate of lime, mucus or pus; for when examined by the naked eye, the deposits of any of these ingredients vary but little in character—at any rate afford but a slight guide to medical practice. The case is widely different when such deposits are subjected to investigation by means of the microscope and chemistry. Under the microscope, that which was confused and amorphous, resolves itself into characteristic forms, easily recognisable, and, indeed, unmistakeable to the practised eye. In some cases, however, in which form is not always sufficient to satisfactorily decide the point—as may occur in deposits of phosphate of lime, urate of ammonia, or uric acid—chemistry steps in with her menstrua, and at once determines it beyond any further question. We have deposits formed in the urine, under certain constitutional conditions, almost diametrically opposite to each other; checked perspirations, slight dyspepsia, excess of nitrogenised food, an attack of fever, and other causes of a similar nature, will probably produce the determination of an excess of nitrogenised matter to the kidneys, to be ejected from the system in the form of uric acid, or urate of ammonia. On the other hand, phosphate of lime seems to be directed in excess to the urinary organs where there is not sufficient vital power in the system to carry it to those tissues which normally require a certain supply of this compound. When, therefore, phosphate of lime is found in the urine, we may expect to meet with great constitutional and nervous depression in the patient, which is a condition that yields with great difficulty to the influence of medicine: the presence of the triple phosphate is also indicative of the same condition. It is by the aid of the microscope and chemical tests only, that these deposits can be distinguished from one another; and thus their forms, crystalline or otherwise, can be appreciated under the microscope, while their relation to chemical solvents affords an unerring guide to their true nature, which, being ascertained, the diagnosis and appropriate treatment is rendered comparatively easy.

The Diagnosis of Cutaneous Eruptions.—Mr. Stiff had a patient who was the subject of a cutaneous eruption, which in some respects resembled scabies, but still, from the high degree of erythematous inflammation, there was some doubt on the subject; Mr. Stiff, however, applied the sulphur ointment, which directly so aggravated the diffused inflammation of the skin, that he discontinued it, and consulted Mr. Erasmus Wilson, who had also at first some doubts as to the nature of the disease; but settled the question at once by the following plan:—With a needle he scraped off the cuticle from one of the pimples, and then insinuating its point into the base of the elevation, he soon withdrew the little animalcule, which, although hardly discernible to the naked eye, when placed under the microscope, was at once recognised as the Acarus scabiei, which immediately settled the question.

The Detection of Spermatozoa.—The detection of spermatozoa in the urine may indicate the propriety of a change of discipline and treatment, that may snatch a patient from the jaws of death;

and this source of depression could not be detected without use of the microscope.—*Guy's Hospital Reports, Oct.* 1850.—p. 101.

XIX.—Paracentesis in Acute Pleurisy. Recovery. By Dr. Homans.—Dr. Homans reported the case which he had recently seen, in consultation with Dr. Morrill Wyman, of Cambridge. The patient was a healthy woman, and the operation was done on the twelfth day of the disease. There was great pain, and such urgent dyspnœa, that she had been unable for some time to lie down in bed; with enlargement of the side, and the physical signs of effusion. An exploring needle having been passed in by Dr. W., about an inch below the left scapula, ℥xviij of serum was drawn off, but no pus; and with such relief, that the patient was able to sleep completely that night, in the horizontal position. Two or three days afterwards about half as much more was drawn off, and recovery soon followed.—*The American Journal of the Medical Sciences, p.* 30. *July,* 1850.

XX.—Tumour within the Larynx. Symptoms and Fatal Result.—Dr. Jackson exhibited the specimen, which he had received from Dr. Augustus Mason, of Billericay. The patient was a man about fifty years of age, very fleshy, and in robust health, except for the trouble in the throat. For twelve years or more there had been hoarseness with wheezing, and for the last two or three years, complete aphonia; there was also much dyspnœa on over-exertion, and, when asleep, a distressing noise as from impending suffocation. His death at last was rather sudden, and seemed owing to congestion of the lungs. The tumour is about seven lines in diameter, well defined, of a rounded form, rough on the surface like a syphilitic part, fleshy in consistence, and having a somewhat fibro-cellular appearance in incision. Its situation is just below the ventricles of the larynx posteriorly, and it is attached upon each side broadly, and to about an equal extent, the intermediate portion being free.

The following microscopic appearances were observed by Dr. W. J. Burnett:—"The primitive original basis of this formation is supposed to be an epithelial structure. Pavement epithelial cells of various ages were everywhere plentifully present, being folded in by fibrous tissue, which, as an hypertrophy of that normally belonging to the part, is always liable to accompany the abnormal production of simple individual cell-structures, forming the material basis on which the latter rest."—*The American Journal of Medical Sciences, p.* 37, *July,* 1850.

XXI.—The Identity of Consumption and Scrofula. By Henry Ancell, M.R.C.S.—The whole question is, whether the disease of the blood which leads to the deposition of tubercle, and that which gives the specific character to scrofulous affections, are essentially the same? I believe they are, and that the domains of pathology contain irrefragable proof thereof.

The chemical and physical details already given of the state of the blood in scrofula, and in the predisposition and incipient stages of local tubercular diseases, to a certain extent establish this identity. The peculiarities of the constitution which characterize the predisposition to tuberculous affections and scrofulous affections, respectively, establish their identity. It is true, that some of these peculiarities appertain more especially to one form, and others to another form of the disease; but, as a whole, it is the same predisposition which tends both to scrofula and tubercle. The signs and symptoms of general disease, when that supervenes on tuberculous or scrofulous affections, are essentially the same. Scrofula and tubercle frequently co-exist in the same individual. Tubercle is met with in unequivocally scrofulous local diseases. When the subject of etiology is before us, it will be shown, that in tuberculous families some individuals are affected with scrofula, and others with tubercle, and also that scrofulous parents frequently have tuberculous children, and tuberculous parents scrofulous children. From the facts about to be detailed, it will be seen that the local products of scrofula and of indisputable tuberculous disease, have the same anatomical elements, and there are many strict analogies in their chemical composition. Both are subject to the same metamorphosis of softening and cretification, and, in the words of Rokitanski, whose opinion is said to be founded on an experience of from thirteen to fourteen thousand cases, "the tuberculous and the so-named scrofulous ulcers are entirely similar, not only when they occur in the same organ, but when they occur in different organs, and affect different structures, as in scrofulous ulcers of the skin, and tuberculous ulcers of the intestines; and the same is the case with respect to their cicatrices. . . . . Both occur in the same organ, sometimes with and at other times without symptoms of inflammation, and are very often found associated. The same substance will often be called tubercle or scrofula, according as it occurs in the lungs or in the bronchial glands."

Lugal's authority, founded upon his vast experience, ought not to be despised. He regards scrofula as an hereditary affection of the entire system which may result in diseases of every organ and tissue; and the production of tubercle as the maximum of that affection. Owing to the modifications which take place in the local vitality of different parts of the body at different periods of life, the development of tubercle occurs in different organs.*

The above and many other facts prove incontestably that scrofulous affections and tuberculous affections, regarded as local diseases, have a common origin. At the same time, the full force of the proposition, that external scrofula, in its seat, form, history, progress, and results, differs very considerably from those forms of disease characterised by the internal deposition of tubercle, cannot be questioned.

It is not held that the condition of the blood in the purulent diathesis of scrofula, and in the tuberculous cachexia of phthisis, for instance, is, at the period of the occurrence of these forms of disease, identically the same; but that the whole of this series of maladies has its origin and essence in a pathological condition of the blood of the same nature. The mal-nutrition within the physiological range, constituting the predisposition—the general disease, at whatever period of life it may present itself, the local effects—have all a similar starting-point in the disease of the blood. The blood itself, like the more solid structures of the body, is subject, even in health, to modifications in its composition and vitality, according to sex, age, temperament, and other circumstances. Physiologically, the blood in infancy, juvenescence, mature age, and senility, undergoes progressive changes. Tuberculous blood, besides differing as to the degree in which it is tuberculous, is subject to all the same modifying circumstances. Hence blood, deviating very slightly from its healthy state, may lay the foundation for very partial irregularities of development in the fœtus, and a very slight predisposition to disease, and it may never, under favourable circumstances of extra-uterine life, declare itself as actual disease; or, being more radically and decidedly diseased, its effects may be such as to destroy the embryo at any period of its development. Hence, also, the blood, tuberculous to a certain degree and at a certain age, as in juvenescence, may be sufficiently healthy in its constitution, and endowed with sufficient vitality, to produce a nutritive blastema for all the tissues; but, at the same time, its condition may be so much below the standard of perfect health, that when, for instance, a part is subjected to the causes of inflammatory action, there is a morbid tendency to exude pus of bad character; the tissues themselves, from their debilitated structure, being extremely liable to ulceration. In a few words, the tuberculous blood of juvenescence may act as a predisposition to the suppurative and ulcerative affections which constitute so considerable a portion of those forms of tuberculous disease which are classed under the denomination of scrofula. Hence, again, this same tuberculous blood may have its vitality so much diminished, and its qualities deteriorated to such a degree, even in infancy, as to be prone to exude in one or more organs, an absolutely innutritious blastema—a blastema in which organic cells are not formed at all, or are imperfectly formed—a liquor tuberculosi. Or, under the modifications resulting from age, the cessation of growth and development, or changes in the habits of life, or hygienic circumstances, the same tuberculous blood which in early life would produce scrofula, at puberty inclines to tuberculization. "Scrofulosis" being a disease of most frequent occurrence in infancy, and tuberculosis of puberty, is no argument against the identity of the two; it only shows that the different periods of life determine the development of the disease in a different stage and under different forms. "The scrofulosis of infancy is but the tuberculosis of puberty, and the contrary." The deposit of tubercle in organs essential to life is a general cause of death in the scrofulous. A proposition identically the same is laid down by Lugol, and this author supports his statement by the results of his very large experience; from which he declares, that he has ascertained the existence of scrofula, in one or other parent, of more than half the cases of consumption which came under his notice; and as a general rule, he found internal tubercle in those who died of scrofulous diseases. In order to render this view of the case more complete, it may be added, that should the victims of this morbid condition of the blood either escape an attack of disease during the early and middle periods of life, or recover from scrofula, phthisis, or any other local and usually

* 'Recherches et Observations sur les Causes des Maladies Scrofuleuses.' Paris, 1844.

fatal consequence, the progressive changes which take place in the economy as time goes on, are favourable to the recovery of the healthy physiological standard, both in the blood and solids, and the tuberculous habit of body may be completely regenerated, and the individual may either attain longevity, or his existence may be terminated by some disease of a totally different nature. —*The Medical Times, October 12th*, 1850, *in a Course of Lectures on Tuberculosis, as a Disease of the Blood.*

XXII.—Vapour of Acetic Acid as a Remedy for Coryza. By M. Le Docteur Saint-Martin. (*Condensed.*)—Coryza is certainly a disease of a mild nature, and it is perhaps for that reason there is so little anxiety shown in seeking for a really efficacious remedy. But it does also occasion serious complications in connection with the air-vessels; and it is not uncommon to see the inflammation of the pituitary membrane extend to the posterior orifice of the nasal fossa, and spread progressively to the larynx, the trachea, and the bronchial ramifications. If one considers the ease with which coryza is re-produced in certain individuals, the state of uneasiness it induces, the sharp pain it causes in the neighbouring organs, as the ears or the lachrymal canals, it must be easily understood that it is of importance to discover an agent capable of curing this affection. It is only at the commencement of the disease that acetic acid can be used. The manner of using it is very simple; it is sufficient to place a bottle containing a small proportion of the acid to the nostrils, and to make large and slow inspirations, for about five minutes.

The acetic vapour is thus made to penetrate the whole of the olfactory canal, and induces in the mucous membrane a slight phlogistic modification, quite sufficient to arrest the nasal flux.

I have often tried upon myself the inhalations of acetic acid, and prevented a good number of coryzas, by their aid: I have repeated these attempts on several patients with success. It is therefore a remedy of undoubted efficacy.—*Nouv. Encycl. des Scien. Med., July*, 1850, *p.* 24.

XXIII.—Case of Diaphragmatic Hernia.—A man, aged 37 years, of strong constitution and very good health, with occasionally bronchial catarrh, entered the Hospital of Incurables at Naples, under the care of Dr. Fr. del Giudici. During the night of the 6th December, this man, without any digression from his usual regime, was seized with violent colicky pains in the abdomen, diminished by pressure, and followed by vomiting, but not stercoraceous. These symptoms were renewed during two days, at the end of which they ceased, leaving the patient in a state of complete exhaustion. Constipation continued, and abdominal inflation supervened. Purgatives and anodynes were administered without effect. The patient now presented the following symptoms:—Features contracted, tongue covered with a whitish fur and red at the point, thirst, difficulty in breathing without pain, pulse hard, frequent, filiform; abdomen inflated near the region of the colon, less towards the umbilicus; from time to time lancinating pains over the whole abdomen, constipation, urine scanty, without sediment. Lotions of iced water were applied over the whole of the abdomen, and purgative and carminative injections. From the use of these remedies, continued during two days, the pneumatosis almost completely disappeared, but the constipation continued, as well as the exhaustion. Croton oil, in frictions on the dorsal spine, with a liniment containing strychnine and camphor, cantharides and amber, and other remedies, had no better success; the inflation reappeared, exhaustion increased, the tongue became dry and red, pulse very frequent and feverish; continual efforts at vomiting and hiccups reappeared, and the patient died on the 26th December.

Post Mortem Examination.—There were some traces of hyperæmia upon the peritoneal coat of the intestines. The colon was greatly distended with gas, and this intestine, towards the splenic angle, was suddenly shrunk, appearing to adhere to the tendinous centre of the diaphragm; the remainder of its lower portion being about the size of the small intestine. The internal membrane of these ascending and transverse portions was red. On opening the thorax, to examine more readily the relations of the intestine with the diaphragm, it was discovered that the colon and a portion of the omentum were protruded into the left thorax, and strangulated. The tumour was the size of a large pear, and adhered slightly to the lung on the same side.

The colon and omentum had not passed into the chest through one of the natural openings of the diaphragm, but by a fissure recently made across, two fingers' breadth and a half from the spleen, towards the left part of the tendinous centre of the diaphragm. This opening was round, with a diameter of seven lines; its edges were clean, sharp, and very resisting. The splenic angle of the colon and more than two inches of the omentum were found strangulated by this membranous ring, and had also contracted an adhesion with its superior and inferior borders.

The internal surface of the portion of protruded intestine was softened, hyperæmic and livid, and contained some bilious matter and gas. The constriction of the intestine at the level of the ring was not sufficient to prevent a certain quantity of gas passing from the intestine below into the strangulated noose.—*Nouvelle Encyclographie*, July, 1850, p. 228. From the *Italian Filiatre Saberio.*

XXIV—On Catalepsy or Trance. By Dr. E. Milner. Its causes, symptoms, duration, termination, pathology, and treatment. Condensed from a pamphlet received from the Author.—[There is a very interesting article also "On Trance, or Human Hybernation," by James Baird, M. R. C. S., in the Edinburgh Review for the present month, which we propose to refer to in a future number. The subjects of catalepsy, trance, and psychological pneumonia connected with them, have no doubt been too little regarded by the profession; but the authentic records recently published, of the frequency of inhumation in France, appears to have awakened attention to it. Mr. Hood's case, among the *Original Communications* of the present number, will be found a valuable addition by those who are investigating the subject.]

Catalepsy being a disease of extremely unfrequent occurrence, has always received marked attention, from those who have witnessed the remarkable and striking phenomena by which it is characterised.

It is now well understood that the phenomena of catalepsy oftentimes precede or follow an attack of hysteria, of monomania, and of somnambulism, complicating, and being complicated by, these affections to a certain degree, so that it is almost impossible to distinguish, in some cases, the primary disease from the secondary phenomena. In consequence of this, there is still great confusion in the various descriptions of catalepsy which are on record; and therefore, in attempting to describe the disease in all its bearings, I may have been misled, and have stated what, on further investigation, may not be found to be strictly correct. If such should be the case, the necessity of placing reliance on the descriptions of the most credible authors, must be my apology.

Causes.—The predisposing causes depend, for the most part, on the general constitution of the individual, as upon age, temperament, sex, and, probably, also on occupation. Individuals of a hypochondriacal, melancholic, or hysterical temperament are extremely liable, under certain circumstances, to fits of this disease; in fact, an attack seldon or never comes on except in those persons who have a strongly-marked nervous temperament. Middle-aged or young people are most liable to it, the time varying from childhood to old age, although it is seldom observed before puberty or in the decline of life. Females are more subject to it than males. A sedentary life, intense study, and any occupation which depresses the general system or excites the nervous centres, may predispose an individual to an attack.

Anything which diminishes vital power and augments the susceptibility of the nervous system, must rank as a predisposing cause;—for example, exhaustion resulting from hæmorrhages, difficult labours, and frequent miscarriages, intense and long-sustained mental applications, great anxiety, violent and continued grief, religious contemplations, excessive venereal indulgences.

Amongst the many exciting causes which are usually mentioned, the following appear of most interest. Violent and sustained grief, a fit of intense passion, great terror or fright, unrequited affections, the sight of hideous objects, the immoderate use of spirituous or fermented liquors, worms in the intestinal canal, the sudden suppression of any discharge, natural or morbid, as the menstrual fluid, hæmorrhages from piles, the sudden extinction of an exanthematous eruption.

Catalepsy has also been known to ensue after disease of the ovary; and, as before stated, after other nervous affections, especially hysteria, which, in certain of its many forms, closely simulates it. The fumes of charcoal have also been conjectured to cause a fit of catalepsy, but it is most probable that the insensibility and loss of voluntary power over the muscles which follow on the inhalation of diluted carbonic acid was mistaken for trance.

It is to be remarked, that, of all the exciting causes mentioned above, those which act by an intense impression on the mind, and suppressed discharges, are the most powerful amongst adolescents and adults; but that when catalepsy or trance occurs in children, it is most probably owing to irritation from worms in the *primæ viæ*. It has been conjectured, however, that when catalepsy coexists with worms in the intestines, the disease is independent of

the irritation they produce. This may probably be the case in some instances, but it must always be remembered that worms are often the cause of convulsions; and consequently there is nothing to prevent them from producing any other affection of the nervous centres.

Premonitory Symptoms.—Fits of catalepsy, like those of hysteria, are ordinarily preceded by precursory phenomena, which announce their invasion. In some individuals, these present themselves in a regular manner, so as to enable the patient or the physician to predict the coming fit. They consist of cephalalgia, especially about the occipital region, general heaviness about the head, depression of spirits, and with it mutability of temper; pains and spasms of the muscles, more particularly those in the region of the neck; weakness of the intellect, vertigo, palpitation of the heart, ringing in the ears, together with a general feeling of lassitude. Sometimes the attack is preceded by a profound sleep. The countenance of the patient is either suffused with blood, or preternaturally blanched, and he complains either of extreme heat or cold of the whole body; but these premonitory symptoms are not always observed. The individual is sometimes attacked suddenly, and retains the posture in which he was at the time of attack.

Symptoms.—Whether the attack be preceded by premonitory symptoms or come on suddenly, the individual presents a certain series of symptoms, by which the disease may be known when not greatly complicated. The most prominent are total loss of sensibility, of intelligence, of sense, of voluntary and of reflex motion, the patient retaining the position in which he was attacked during the paroxysm, or in which he may be placed at the will of the bystanders. The eyes are wholly insensible to the action of light, the pupils being either contracted or dilated, and remaining so, however intense the stimulus. The greatest noises are disregarded by the individual, his organs of hearing being insensible to the impressions made on them. Smelling and tasting are alike impossible. He may be pinched; incandescent objects may be applied to the surface of his skin; wounds may be made in the most sensitive parts; yet no impression is transmitted to the nervous centres, or if so, it is not perceived or acted on; and the patient remains insensible, and cannot execute the slightest movement.

The most prominent symptom, however, is the unvarying position of the body. All the others are seen in other diseases, but this is peculiar to trance. The limbs, which are found somewhat flexible in some cases, and more or less rigid in others, remain in any attitude in which the anatomical structure of the part permits them to be placed. If the arm, the hand, the thigh, the leg, and the foot, be flexed by the physician, they all remain so, until their position is altered. The countenance has not unfrequently the expression either of laughter or of grief, according to the ideas of the individual at the time of the attack.

When complicated with hysteria or epilepsy, this remarkable state of the muscular system is not so prominent. The rigidity of the limbs is greater; and, although by using considerable force they may be flexed or extended, yet, after the lapse of a greater or less period, according to circumstances, they return into their original position. This may also occur under other complications.

The most remarkable deviations in the temperature of the surface of the body are observed in different cases. The general surface may be hot or cold, the latter being the more frequent condition. But it is stated that one part of the surface may be hot, while another is cold. Whether this be true or not, cannot be satisfactorily determined. But we know that, in other affections of the nervous system, somewhat similar phenomena are by no means uncommon.

The eyelids may be open, as when the patient has been attacked during meditation: or may be closed, as occurs when the individual was seized during sleep. In some cases the eyelids have been found so firmly closed during the paroxysm, that it was impossible to open them. Here some complication most probably existed.

Sometimes the respiratory movements are executed with as much freedom as in health; at other times, the muscles of inspiration are involved in the same morbid change as the other muscles of the body, and respiration is then difficult.

Ordinarily, respiration is performed slowly, so as in some instances to be almost imperceptible; and, in rare cases, both inspiration and expiration are executed more strongly and more frequently than in health. It is impossible to account for these variations in different cases.

The action of the heart is affected in the same manner as the lungs, in each individual. The pulsations may be found more violent or less perceptible than in health, the latter being most frequently observed, and, in some cases, being carried to such an extent, as to render it difficult to detect the action either by the hand or by the ear. The pulse in the arteries will coincide with the diminished or augmented force of the heart; and even in cases where the pulsations of the heart are scarcely perceptible, the carotid arteries often pulsate with considerable force, while the pulse at the wrist can be scarcely detected; showing, indeed, that there is a very considerable disturbance in the circulation, and more especially in the distribution of blood to different parts; and explaining why, in some cases, there should be such a marked difference in the temperature of the head, and the rest of the body.

Deglutition is in some instances performed with some degree of ease, but more frequently with extreme difficulty, and often not at all. The alvine dejections are sometimes suspended during the paroxysm, and occasionally are passed involuntarily; but this rarely happens. The urine is either not secreted, or, if produced, is retained in the bladder, or passed involuntarily. Digestion is in abeyance. In fact, all the functions of the body partake more or less of this very remarkable temporary state of physical and mental annihilation. I have already alluded to the expression of the countenance, and have now only to notice its state as connected with the circulation. In general, the face is but slightly altered; sometimes it is flushed, and even has the appearance of animation; and, at other times, it is pale and discoloured.

Such are the most ordinary symptoms. But if we consult the writings of different authors, and examine the descriptions of the various cases which have been placed on record, we observe at once that this disease presents itself with such different symptoms, as to render no two examples perfectly similar. This arises from the numerous complications to which the disease is liable, and therefore I shall now proceed to consider these complications, and the modifications to which they give origin. The most prominent modification observed in the simple form of catalepsy, is the non-extinction of sensibility and voluntary motion; for it has been noticed, that, in some rare cases, the patient is capable of making some very slight movements, either voluntary or on the application of a stimulus,—this being due to reflex action,—and retains the power of perception in a slight degree, having apparently an imperfect consciousness of what is done at the time, but no recollection of it subsequently. Again, consciousness is sometimes perfect, or nearly so, while the power of speaking and of motion are in abeyance. There are numerous instances of this last form of imperfect catalepsy on record.

Symptoms in Complicated Catalepsy.—The above exceptions to the general form of symptoms of catalepsy are for the most part due to hysteria; mania also complicates and modifies the symptoms, but both it and hysteria generally take on a different character to that which has been described above. The modifications produced in the ordinary symptoms of catalepsy by mania, and more especially by hysteria, are usually of such a mark d kind as to have led physicians to describe the combination as a distinct disease, under the name of cataleptic ecstasy; but it is, in fact, one and the same disease, presenting itself in a somewhat different form.

Cataleptic ecstasy differs from the simple form, principally in there being some degree of consciousness still remaining, and the muscles continuing more or less rigidly contracted, or only partially relaxed. Still catalepsy can, even under these important and extensive modifications, be readily detected; for the consciousness of external objects is still suspended, and voluntary, if not reflex motion, is abrogated. There is also a high degree of mental excitement and abstracted contemplation attending this form of catalepsy.

It is understood that many of the Italian improvisatori are deprived of this faculty when in a state of health, but possess it whilst they are in a state of ecstatic trance, similar to, if not identical with, this variety of catalepsy. The effects produced on very nervous persons by the practisers of animal magnetism are also nearly allied to this affection; but that phenomena, such as the following, ensue from such excitations of the nervous system, appears impossible.

Case I.—Dr. Petitin of Lyons published, many years ago, a case of cataleptic hysteria, of which the following is a brief account, as given by Dr. Petroz in an article in the 'Dictionnaire des Sciences Médicales,' (tome iv. p. 282):—"During the paroxysm, the cataleptic individual referred all her sensations to the region of the stomach. This was also the seat of the senses, for thither was touch, smell, taste, hearing, and vision transferred. There she enjoyed the most extreme sensibility. According to the report of M. Petitin, she distinctly saw her internal organs; determined with great precision their form and their movements; announced

the periods when the attacks would return, their duration, as well as the phenomena with which they would be accompanied. What was perhaps more extraordinary, was the phenomena induced by placing the individual in magnetic relation with herself; for if the fingers were then applied to the *scrobiculus cordis*, or to the great toe, and a question asked in a loud voice, an intelligent reply was at once given. Although the objects employed for exciting sensations were applied to the epigastrium, or to the extremities of the fingers or toes, yet she constantly referred the sensation to the seat of the sense excited, at the same time stating the pleasure or the pain which the impression had made; for example, mastication was excited, when agreeable and savoury substances were placed on the epigastrium."

Since this extraordinary case was brought before the public, a great number of others have been recorded. In all, there is much reason to fear that imposition was practised; yet many are vouched for by men whose veracity in other matters is undoubted, and therefore I have admitted these phenomena without attempting to determine how far they are founded on truth.

Duration and Termination of the Attack.—The cataleptic paroxysms, generally, do not last longer than some minutes or a few hours. There are not wanting cases, however, in which it extended over a period of many days. How far the statement of Vial, that he has known the attack to extend over a period of thirty days, is deserving of credence, cannot be determined.

Whether the paroxysm last a longer or a shorter time, it in general terminates suddenly; sometimes the patient returns to consciousness, with the appearance of having been in a state of profound sleep. In every instance, the patient has no recollection of what has passed during the paroxysm; if wounds have been made to establish the fact of insensibility, the patients wonder at their existence, as their ideas immediately revert to the period immediately before the paroxysms. Indeed, this occurs to such an extent, that a patient who was speaking at the moment when rendered cataleptic, has, on recovering his consciousness, concluded the sentence which had been brought to such an abrupt termination.

The paroxysm is sometimes followed by other diseases of the nervous system. Delirium, convulsions, epilepsy, and confirmed insanity, occasionally result from or follow it. There are also cases on record in which the issue has been melancholia or apoplexy, and even tetanus, or a state approaching very closely to it. The most frequent termination of the disease, where health is not established, is hysteria.

Catalepsy, however, is essentially an intermittent disease, its paroxysms being renewed more or less frequently; and where this has occurred over any considerable period, the fit is induced by the slightest cause, such as unexpected noise, a slight fit of passion, and the like. Sometimes the patient has many attacks in one day, or only one a-day, or every two, three, six, or eight days, or months, according to circumstances.

Between the paroxysms the individual sometimes enjoys good health; but in ordinary cases he suffers from cephalagia, especially at the back of the head, from vertigo, from great excitation of the animal spirits, from embarrassment or confusion of ideas, from melancholy, convulsive twichings of the limbs, palpitations of the heart, and from great nervous excitability. The patient is also occasionally unable to sleep at night, or if he sleep, his rest is disturbed by dreams. Sometimes he sighs, laughs, or weeps, without any cause, and, in some rare instances, is affected with deafness or loss of voice. The appetite is usually diminished, and digestion is not easily performed. The patient is, in general, pale and emaciated. If the patient be a female, the menses are generally found very irregular, both as to quantity and to time.

After the individual has sustained numerous paroxysms, they are sometimes cut short and removed by hæmorrhage,—either from the nose, or, as occurs most frequently in women, from the uterus, epistaxis, or menorrhagia.

Pathology.—The exact condition of the encephalon and spinal cord, in cataleptic seizures, probably never will be satisfactorily determined. The difference in the temperature of the head and of the rest of the body, in some cases, and also the strong pulsation of the carotid arteries, sometimes observed, would point to a state of congestion, but whether this is of an active or passive nature, is not known.

The vessels of the brain and cerebellum have been found much congested with black blood, and slight extravasation also, in a case that had terminated fatally. Fibrinous concretions have also been found in the longitudinal sinuses. But our knowledge, derived from post-mortem examinations, is not sufficiently extensive to allow us to consider a congested state of the vessels as common.

Catalepsy is undoubtedly more a lesion of function than of structure. The close approximation of its symptoms to severe hysteria, shows that those two morbid affections are closely related; and the circumstance that the paroxysms of either are produced by the same causes, would tend to support the hypothesis that they are merely forms of one and the same disease. In hysteria the muscles are convulsed clonically,—that is, with motion; in true catalepsy they are convulsed tonically,—that is, without motion; and in this rests the principal difference between the two. The nervous centres have their functions in abeyance during the paroxysm,—there is, in fact, a triple lesion of sensibility, of intelligence, and of muscular motion.

The state of congestion of the brain is distinctly traceable where individuals have died of catalepsy complicated with mania. In two cases of this kind, given in the 'Dictionnaire de Medecine,' the brain was found in one much injected with blood; the grey matter on the surface of the convolutions was firm and had a roseate hue; the medullary substance presented a large number of mouths of vessels gorged with blood; and the *corpus callosum* was softer than usual. In the other case, the grey matter was observed to be of a dark colour, approaching that of violet, and the medullary substance presented the *puncta vasculosa* large, numerous, and filled with blood. It must be remembered, however, that the same pathological phenomena are observed after death from true uncomplicated mania.

Diagnosis.—This disease has been confounded with hysteria, ecstasy, asphyxia, apoplexy and syncope, tetanus, and the state of death. The older physicians also mistook death from cold for catalepsy, and described cases of soldiers in a state of catalepsy riding into the camp on horseback, firmly seated like statues on their saddles. Here, death from intense cold formed a source of error. It is necessary to notice briefly the signs by which a correct diagnosis may be made.

1. From true ecstacy, catalepsy is distinguished by the patient labouring under the former disease being occupied in profound and sustained meditations. The faculty of thought, instead of being annihilated or suspended, is found exclusively directed towards the contemplation of a single object, entirely absorbed with one idea, with some imaginary pleasant object, the powers of imagination being augmented by an enthusiastic exultation. Again, there are no convulsive movements, no rigidity, partial or complete, of the muscles; and, above all, the limbs, if placed in any position by the physician, do not retain that position as they will in simple, and oftentimes in complicated, catalepsy.

2. In hysteria the muscular system is oftentimes strongly convulsed, and motions are performed; but the most distinctive sign is the non-retention of any posture in which the patient may be placed.

3. Asphyxia is accompanied with suspension of the functions of respiration and circulation; the countenance is also ordinarily livid and swollen, the mucous membrane of the lips having a very dark hue.

4. Syncope is distinguished from catalepsy by the state of the muscular system, the limbs being extremely flexible,—and this appertains also in a great degree to asphyxia,—and by the general pallor of the countenance and surface of the body, consequent on the suspension of the heart's action.

5. Apoplexy is known from it, by the stertorous or sonorous breathing, by the more or less profound lethargy, by the lax state of all the muscles of the body, and also by the co-existence of paralysis.

6. Although tetanus has been mistaken for catalepsy, in consequence of the tension and rigidity of the muscles, yet, the fact that neither sensibility nor the intellectual functions are interfered with, should have prevented such a mistake from being committed.

7. Patients labouring under an intense and prolonged paroxysm of catalepsy, have been supposed to be dead, and have been interred alive.

There are numerons cases of this kind on record, and many more where the individuals, after being laid in their coffins, have fortunately recovered from the attack before the period of interment. In such cases, respiration is insensible, and the heart's action is almost in abeyance; the surface of the body is nearly cold, and presents the palor of death; and the articulations are stiff. Although it is no doubt a difficult task to distinguish this state of trance from the state of death, yet a careful examination of the body, and time, would lead to a correct diagnosis. The limbs after death are first lax, then stiff, and ultimately lax again. The stiffness of the limbs, known as the cadaveric rigidity, or *rigor mortis*, lasts for a longer or shorter time, according to circumstances; the sooner it supervenes, the shorter is its duration, and conversely. Now the stiffness of the limbs accompanying this intense form of trance, supervenes at once, and lasts as long as the paroxysm continues. This is consequently a valuable

diagnostic sign. Again, as the heart's action most certainly continues in a slight degree during the attack, the stethoscope may be used with advantage, to detect the impulse and murmurs. The state of the eyes and the expression of the countenance, as well as the circumstances that the temperature of the body may be sustained in a slight degree, also furnish means by which a diagnosis may be made.

If pressure be made on the eyeball a few hours after death, the cornea becomes opaque; and this occurs invariably. But if the least spark of life remain, that effect would not be produced. This may therefore be said to be a sign at once distinguishing the state of trance from that of death--one of ready application, and thus rendering wholly unnecessary the carrying out of the suggestion that inhumation should never be proceeded with until the body has shown unmistakeable signs of decomposition.

Prognosis.—The termination of the disease is usually favourable in young patients, but those who happen to be attacked with it at an advanced period of life generally succumb under it, or under the complaints which it engenders, epilepsy being understood to be the most common of these. It is stated that old people become afflicted with great melancholy, which leads them to avoid society and plunge into the most profound meditations, and derive from this greater pleasure than they can enjoy under other circumstances. Such individuals usually present a series of interminable paroxysms, which ultimately produce an attack of apoplexy, from which they seldom or never recover.

On the whole, it would appear that catalepsy is not to be esteemed a dangerous disease, although many cases terminating fatally have been recorded. These, however, were for the most part complicated by other diseases, and do not give any support to the opinion of many of the older authors, among whom Boerhaave must be included, that it most commonly terminates in death.

Treatment.—During the paroxysms, the state of congestion of the head, if well marked or suspected, indicates the use of the lancet, the application of cold evaporating lotions, and even of ice to the head. If blood be drawn, it may probably be best done by opening the external jugular vein or the temporal artery, because the circulation in the limbs is but slight; looking at the symptoms attending the attacks, the available parts about the head and neck would probably be best. French physicians recommend the employment of leeches or cupping, rather than the lancet, because the power of the system is not so much depressed, while the local effect is produced. The leeches are applied by them to the interior of the nostrils, the feet, the thighs, and the head, in small numbers, and at intervals of a few days. After blood-letting, either general or topical, cold applied by means of lotions, or ice to the head, has been found to diminish the duration of the attacks; and, it is stated, even to cut them short, and to remove the rigidity of the muscles after the other symptoms have passed off. The cold bath is believed to be injurious, as might be anticipated, but hot baths and pediluvia have been found useful. The most effective treatment is now believed to be hot pediluvia, and the cold douche applied to the head at the same time.

Such are the measures usually employed to shorten the duration of the paroxysm, but otherwise little or nothing can be done. The patient cannot swallow medicines; nor should any attempt be made to administer them, as they may pass into the respiratory passage and induce asphyxia. If there should be any sensibility remaining in the lining membrane of the nose, ammonia and other stimulants might be applied, held near the nostrils; but it should be borne in mind that their long-continued application, when the powers of the part are greatly diminished, may lead to inflammation and other disastrous results. Friction of the surface of the body with rubefacients might be useful, by recalling the circulation to its wonted channels, and thus relieving the nervous centres. Stimulating enemata might also be of service, by relieving the bowels, and acting as a stimulant to the circulation in the part.

Whatever may be done by the practitioner during the paroxysm, little is to be expected towards accomplishing a cure. It is during the intervals between the attacks that therapeutic remedies are likely to be of any avail. If the disease be symptomatic, means must be used to remove it by the employment of such medicines as the circumstances of the case may require.

The state of the alimentary canal must be attended to in all cases; and particular attention must be paid to the menstrual flux. As hysteria and catalepsy so closely resemble each other, and as in both the menses are irregular, the physician will take care to employ those measures which the particular circumstances of the case may require. The fact that many cases are cured by nature through an inordinate flow of the menstrual fluid, points out an important indication in practice.

Where there is much attendant debility, nourishing diet and the moderate use of wine or fermented liquors would be of great service, by increasing the general tone of the system, and preventing the tendency to passive congestion which always accompanies a weak and debilitated constitution. This is to be looked to in all cases, but more particularly if the patient be aged. When the attack is prolonged, sustenance must be given through the rectum, or an œsophageal tube. This is not rendered necessary in the majority of cases; but there are instances on record where the catalepsy was complicated by monomania, and the patient has remained so long in a state of abstracted contemplation, that it was absolutely necessary to convey food into the stomach in order that the patient should not perish through inanition. Some individuals have been fed in this manner for months. In all obstinate cases, and when cataleptic ecstacy occurs from complications with mania, melancholy, and epilepsy, ptyalism may be advantageously induced by the use of calomel, and should be kept up as long as the practitioner may think proper; counter-irritations, as blisters, setons, the moxa, and even the actual cautery, may be called for.

Case II.—Janet Blackie, aged nineteen, a domestic servant, in Perth Road, Dundee, was, on the 17th June, 1842, while waiting at table, suddenly struck dumb, and remained motionless, with a spoon in her hand, retaining the posture she had assumed at the accession for above twenty minutes, and, on laying it down, resumed the subject she was pursuing as if nothing had occurred, and without any knowledge of the circumstance, had her mistress not spoke to her regarding the fit.

The late Dr. Carruthers, of Dundee, was consulted, and, as the catamenia were deficient and irregular, he prescribed ten drachms of tincture of cantharides, and six of the tincture of muriate of iron; to take fifteen drops three times daily in cold water, and two of the pills of myrrh and aloes every alternate night, with hot pediluvia. These means were employed without any good effect, as she had an attack, the longest ever she had, four weeks after the first one.

When I saw her, the eyes were slightly dilated, the extremities were deadly cold, the face white as polished marble, muscles not distorted, pulse at wrist imperceptible, motion of the heart scarcely to be felt, respiration was slow, and, as it were, only a step between this imperfect state of life and death. She remained perfectly motionless, and, during the continuance of the paroxysm, retained the attitude she had assumed at its accession. Whatever position the limbs were placed in, they remained so. The time passed in the fit was to her annihilated. The last idea she had before the commencement of the attack, was the first that occurred after its cessation. The paroxysm this time lasted three hours.

Cathartic medicines were freely administered; and as she afterwards showed symptoms of hysteria, I ordered twenty-four minims of oil of valerian, and one drachm and a half of the mass of aloes and assafœtida, to be made into twenty-four pills, one of which was to be taken night and morning. At the same time I directed exercise to be taken in the open air. Next month the catamenia flowed freely, and she had no new attack for eight weeks, and at this time the fit was slighter, continuing only a few minutes. The fits nevertheless returned several times, and she became so nervous and depressed that she left her situation. Dr. Carruthers thought that the case ought to be treated in a manner similar to epilepsy, and suggested the use of nitrate of silver. This metallic salt was tried along with antispasmodics, without any apparent effect. Powerful stimulating enemata of turpentine and assafœtida seemed to have some influence in shortening the affection.

Ten months after the attack, there was considerable pain on pressure on the ninth and tenth dorsal vertebræ, and cupping and blistering exerted no permanent beneficial effect. I then applied the actual cautery during a fit, unknown at the time to the patient.

Since this application she had no recurrence of the fits, and is now enjoying good health, although occasionally suffering rather severely from cephalalgia and hysteria.—*Leith, September* 13, 1850.

TO CORRESPONDENTS.

Contributors will oblige by writing the whole of their communications, intended for insertion, on one side of sheets of paper. Writing on both sides is extremely inconvenient to the printer.

In reply to "Enquirer," the first number of THE INSTITUTE did not contain the "New Medical Charities' Bill." The Bill reprinted in that number is, the Bill introduced near the termination of the last Session, as a General Practitioners' Bill, by the National Institute of Medicine, Surgery, and Midwifery. The Editors have not received a copy of the former Bill.

If Practitioners pursuing particular objects of investigation in Medical Science and Practice, will favour the Editors with the title or specification thereof, the Editors will promise that every article of importance upon such subjects, which may appear in the American, French, German, Italian, or Spanish Journals, shall be reprinted in THE COMPENDIUM OF THE INSTITUTE. The Editors are aware that one of their Subscribers is investigating diseases of the liver in the fœtus, and in young infants; they have accordingly introduced two interesting cases of diseases of the liver in the fœtus, in the present number, from the 'Universelle Encyclographie,' published in Brussels. Aware of the disadvantages which the General Practitioners labour under, particularly when resident in the country, for the want of both time and opportunity for the necessary literary research, when writing upon particular subjects, the Editors feel assured that considerable advantage will accrue from this arrangement, not only to the writer, but to the readers of the Journal, and to Medical Science itself.

We must beg of our Correspondents to excuse, for the present, occasional clerical and typical errors. The remarks last week by a cotemporary journal, were founded wholly upon an oversight of this kind. All must understand, that the difficulties of bringing the machinery of a new journal into a regular working train, are very great, and that perfection can only be attained by time and experience.

X. Z.—In reply to our correspondent's question, "What is the most comprehensive Journal of Medical Science in the French language?" we reply, unhesitatingly, the 'Nouvelle Encyclographie des Sciences Medicales,' published by Dulau and Co., Soho-square, London. It consists of about 300 pages, and comes out monthly.

Mr. Hilton's article on Disease of the Tongue, inserted in last week's "Compendium," was extracted from the last number of 'Guy's Hospital Reports.'

Communications have been received from R. Wallace, Esq.; Dr. D'Alquens, Brompton; W. Cantrell, Esq., Wirksworth; Dr. Gardner, &c. &c. &c.

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TO MEMBERS of PARLIAMENT, and to Medical Men.—Convention of Poor Law Medical Officers.—At a SPECIAL MEETING of the Committee, held on Thursday, the 19th inst., to determine on further proceedings for obtaining from the Legislature an improved system of Poor Law medical relief, the following resolution was unanimously adopted:—

That an advertisement be inserted in the daily and weekly papers, also in the medical journals, urging the 16,000 members of the medical profession legally practising in England and Wales, but more especially the 3,000 who form the staff of medical officers acting under the Poor Law Board, to consider the extreme importance of their organizing and reserving their political influence in their respective localities, for the purpose of employing the same in the election of such candidates only as shall deserve their support by their promised advocacy of the cause of the sick poor and of the Poor Law medical officers.

By order of the Committee,
THOS. HODGKIN, M.D., Chairman.
CHAS. F. JAS. LORD, Hon. Sec.

4, Hanover-square, 19th Sept., 1850.

CONVENTION OF POOR LAW MEDICAL OFFICERS.—The Committee desire to offer their hearty acknowledgments to the London and provincial press for the support it has given to the cause in which they are engaged; they also thank their numerous and able correspondents for the various and valuable communications with which they have been favoured. Through the encouragement thus afforded, they derive fresh hope for the sick poor and for their medical attendants, and they resolve to persevere in seeking to obtain an improved system of Poor Law medical relief.

By order of the Committee,
THOMAS HODGKIN, M.D., Chairman.
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4, Hanover-square, 19th September, 1850.

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UNIVERSITY OF ST. ANDREW'S.

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OF

CANDIDATES

FOR THE

DEGREE OF DOCTOR OF MEDICINE.

I.—Every Candidate for a Diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—

1. Of unexceptionable moral character;
2. Of having had a liberal and classical education;
3. Of having completed the twenty-first year of his age.

II.—Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Royal College of Physicians of London, of the Faculty of Physicians and Surgeons of Glasgow, and of the London Apothecaries' Company, are eligible as Candidates for the degree of Doctor of Medicine, on producing their Diploma or License.

III.—Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended Lectures delivered by Professors in some University, or by Fellows of the Royal College of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or three winter and three summer sessions, in the following branches:—

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On the second day, they are examined in Pathology and the Practice of Medicine, in the Principles of Surgery, and in Midwifery.

The degree is conferred on the following morning by the Rector, in the hall of the public library of the University, and the diplomas are signed by the Principals and Professors of the University.

As the Examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—

Wilson's Elements of Chemistry.

Christison's Dispensatory, or Pereira's Materia Medica (especially the sections treating of the mode of action, uses, and administration of medicines), and the London, Edinburgh, or Dublin Pharmacopœia.

Quain's Elements of Anatomy, 5th ed.

Carpenter's Principles of Human Physiology.

Watson's Lectures on the Principles and Practice of Physic; Williams' Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill, on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

JAMES M'BEAN, A.M., Secretary.

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ADVERTISEMENT.

THE INSTITUTE is established by a Proprietary, for the purpose of promoting the *Science* and *Practice of Medicine* on the principle of the Scientific, Educational and Practical UNITY of all its branches. Its objects are:—

1. To supply to every individual engaged in practice, on the principle that Medicine and Surgery are indivisible, all the discoveries and improvements in science and practice as they are day by day developed either at home or abroad.

2. To furnish the profession generally throughout the country with the pages of a journal at their command for the purpose of recording and discussing facts and principles the result of observation and experience, and for that interchange of opinion which has been found so conducive to the advancement of Medical as of all other learning.

3. To provide that numerous and highly important section of the profession who practise Medicine, Surgery and Midwifery as one science, as also those individuals who, although practising particular branches, still admit the unity of medical science, with a journal which may be depended upon for a truthful reprint or a faithful account of all proceedings in parliament or elsewhere, and of all documents, whencesoever they may issue, affecting the interests of Medicine; and to furnish a clear, deliberate, and impartial statement and commentary on every step that may be taken, or measure that may be proposed, with or without authority, for a change in the Medical Institutions or the Medical Polity of the United Kingdom.

4. To advocate, and to aid by every legitimate means in enforcing a REFORM OF THE MEDICAL PROFESSION—Educational Reform—Ethical Reform—Reform in the mode of conducting Practice—Remunerative Reform—Protective Reform—Legislative Reform.

5. To secure the full representation in the legislature of those medical professional questions which affect the public welfare.

6. To promote those great PUBLIC INTERESTS connected with Medical Science and Practice, which are so completely dependent upon the individual and general competency and complete efficiency of the members of the Medical Profession.

To be more explicit, the principles of the Journal are:—

I. As medicine is legitimately practised on the basis of its unity as a science, every attempt to discourage the full and complete operation of this principle, or to disparage and injure those practitioners of the healing art who practise generally, ought to be exposed and counteracted.

II. The exposure and discouragement, by all practical means, of illegal, unqualified, and empirical practice, and the employment of every effort to obtain an efficient penal enactment against unqualified and illegal practitioners.

III. The necessity of a high standard of education and qualification, with sufficient tests, by full, fair, and complete public examinations of every individual, to be authorized by law to practice Medicine, Surgery, and Midwifery.

IV. Reciprocity of practice, based upon a uniformly high standard of qualification, for all the members of the profession of the United Kingdom.

V. The policy and absolute necessity of granting to the General Practitioners of this country, CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

VI. The propriety of merging the *present* class of Apothecaries into the general professional body, with equal rights and privileges; and, under a *new* system, to provide that every future medical practitioner be completely educated in the principles of MEDICINE in the most comprehensive sense, comprising the principles of *Medicine*, *Surgery*, and *Midwifery*.

VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity for a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

Gentlemen of the Medical Profession throughout the country, favourable to the above principles, will oblige by forwarding cases, essays, commentaries and other communications suited for the pages of a Weekly Journal, as one of the means of support to 'The Institute,' and of securing the advocacy of the interests at stake before the Profession, the Government, the Legislature, and the Public.

The same kind of support is confidently anticipated from the medical officers of the army and navy and East India service, surgeons in mining and manufacturing districts, and the medical officers of poor-law unions, all of whom are general practitioners of medicine and surgery.

The Journal will be published weekly, price 6*d.*; and will be rendered a full and perfect Repository of all contemporaneous Medical and Surgical knowledge.

This journal may be obtained by booksellers' parcels; from the newsmen, by post, or directly from the office of publication, in which latter case pre-payment will be required.

Communications and advertisements to be addressed to "The Editors, at the Office of Publication, 3, East Temple Chambers, Whitefriars Street, Fleet Street, London."

Quarterly Subscriptions, by prepayment, Six Shillings. If by post-office order, the same to be made payable to Mr. George Luxford, at the General Post Office.

ADDRESS.

The advertisement which appears on the first page of this Journal, explains, so far as its limits will admit, the principles and objects for which it has been established. The Scientific, Educational, and Practical Unity of Medical Science in all its branches, has long been the established rule of practice on the Continent of Europe; and it is fully recognized and adopted throughout the United States of America. We entertain no doubt whatever, that, at no distant period, the medical institutions of this enlightened country will be remodelled and reconstructed upon a similar basis, and thus be rendered more in conformity with the acknowledged requirements of modern times. It is not, however, our intention at present to enter more minutely on their practical application and bearing, or to dilate on the vexatious and anomalous state of the laws affecting the medical profession in this country as they at present exist, or to animadvert upon the parties to whom their administration has been entrusted: other opportunities will continually present themselves, when all the hindrances to the more extensive development of medical science, and the higher appreciation of the medical profession, will receive the consideration due to a subject of such vital public importance. To obtain representative government, and corporate rights and privileges for the overwhelming majority of the profession engaged in general practice, many difficulties will have to be encountered, and much time, talent, and exertion, will have to be expended in the accomplishment. The prejudices, privileges, and conventionalities that have engrafted themselves upon the modern as well as the ancient medical institutions of this country, must be pruned away. The sophistry and special pleading used in defending them must be dissipated by sound arguments and logical deductions; the portals to learning and science must be freed from the grim *Cerberi* who scare away the aspiring candidate for their honours and rewards; and scientific medical knowledge, in its most comprehensive sense, must be made attainable by all who have the industry and ability to acquire it.

Fully appreciating the great services rendered to the cause of Medical Reform by the other Journals, the absence of any defined principle or decided policy has tended to delay the settlement of this important question for many years. It will be our duty, as journalists, to devote our best ability and untiring exertions to the prosecution of these objects—and, *Deo volente*, we have a strong presentiment that our efforts will prove successful. It would ill become us to make a long string of promises—we must pause for judgment until sufficient time has elapsed for our trial; the matter we from time to time lay before the profession, we shall put in as evidence, and upon its quality we shall depend for a verdict in our favour. So much, then, for ourselves. Now, a word or two to those whom we hope we may reckon upon as constant readers—the General Practitioners in Medicine, Surgery, and Midwifery of the United Kingdom. Gentlemen, there is a certain breadth and comprehensiveness of character required in those men, to whose almost exclusive care the lives of the majority of the people in this realm are necessarily entrusted, which it would well become you to endeavour, by a little discipline and mental effort, to acquire, if you are not already conscious of possessing it. You occupy a prominent position in society, and you perform very onerous and important duties amongst this large community; the scrutinizing gaze of your fellow-men is more frequently directed towards you than to any other class; and it depends entirely on yourselves whether each of you, in your respective localities, should not be more respected and looked up to than any other public functionary. With very few exceptions, the greatest possible amount of trust and confidence is reposed in you—have you deserved this confidence?—do you at this moment deserve it? To a very considerable extent, we most conscientiously and honestly believe that you do. But you are not immaculate; you have much to learn, and what is equally important, you have much more to practise. Individually, you are honourable, useful, hard-working men; collectively, you are apathetic, careless, and too personally intent upon what transpires within the narrow limits of your immediate spheres, to be of much weight, consideration, or importance. And what does this principally arise from? Mainly, we have no hesitation in affirming, from the absence of any *esprit de corps*, and from your neglecting to cultivate to anything like the extent you ought to do, the literary character and reputation of the medical profession. You must recollect that the General Practitioner has become a totally different person from what he was thirty years ago; and that it behoves him to show, by publishing more of his vast and extensive experience, how far he is worthy of that confidence of the public which he is entitled to enjoy. Our observations on this point, however, apply to you more as individuals, and more particularly to the junior members of our noble profession. We cannot more appropriately conclude these remarks, than by a quotation from the writings of a talented and amiable surgeon in general practice, not long since deceased—the late William Maclure, Esq., of Harley-street:—

"I am perfectly aware that not a few of my professional brethren, of the order to which I have attached myself, might, if they pleased, produce and exhibit a more imposing array of medical and surgical histories than I have done; but it was partly my purpose in this publication, to stimulate by the spirit, if not by the merit of my example, such of them as may be able to do better, to do so.

"Under whatever forms the three groups of the profession, after the present effervescence shall have ceased, may settle down and become permanent bodies in the state, it will be incumbent on the General Practitioner to attend more to the literature and science of his profession than he has hitherto done; for it may safely be asserted, that his future dignity, in the eyes of the public, will depend more on such exertions than on the position in which he may be ultimately placed, in relation to others, by the laws of the land. Doubtless, many skilful General Practitioners have flourished before the foundation of their Royal College (a necessary event, I think, sooner or later); but all or most of them, unlamented and unknown, have sunk into oblivion, because they published little or nothing of their vast experience for the good of the public, and for the improvement of their arts. Now, however, that they are likely to become fellows of a distinct corporation of their own, and to spring into existence, as the rivals for fame and public favour, of the ancient colleges of the empire, they must be more careful and exact than hitherto, to record, with truth and clearness, their multitudinous experience; to affect the honours, as well as the emoluments, of their profession; to be heard of in the schools, as well as the sick rooms; and to enlarge the boundaries and enrich the archives of the healing art. They must be up and doing, remembering, both as individuals and as a collegiate body, that merit, not actively brought into prominent notice, for the benefit of human kind, differs but little from inglorious sloth."

"Paulùm sepultæ distat inertiæ
Celata virtus."

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ORIGINAL COMMUNICATIONS.

DR. RADEMACHER'S TREATMENT OF DYSENTERY.

COMMUNICATED BY

DR. D'ALQUEN.

In detailing the peculiar views and observations of so eminently practical a physician as the late Dr. Rademacher, we will not increase the number of speculations as to the nature of this disorder, but confine ourselves strictly to such data as bear immediately on its treatment. In this respect, it is of importance to distinguish, with Rademacher, Watson and others, two forms of this disease—viz., dysenteria intestinalis (dysenteric diarrhœa), and dysenteria recti (dysenteria vera). In the *former*, the whole intestinal tube, from the stomach to the anus, is affected; small, mucous, and bloody stools, more or less tenesmus, especially in the commencement, but no discharge of fæcal matter. In the *pure* form of this kind of dysentery, we have no tenesmus, but a discharge of liquid fæcal matter, of a greyish colour, arising from a morbid state of the biliary ducts, resembling very much a febrile diarrhœa, except that it is a very dangerous affection, though of rare occurrence, and may terminate fatally within four days. In the latter (*dysent. recti*), the seat of the disease is in the rectum, while the rest of the intestines are not at all affected, or only slightly so, from sympathy. This is the kind of dysentery in which authors say that hard lumps of fæces come away, as the disorder begins to abate. As both forms of this affection run mostly one into another, it is not always easy to form a correct diagnosis; but, in most cases, the following distinctive abstract of the leading characteristics of each, will be found a sufficient guide for this purpose:

STADIUM PRODROMORUM. (Precursory Stage.)	
Dysenteria Intestinalis.	*Dysenteria Recti.*
Duration from one to three days, and even longer, stools of a greyish colour, either bound or liquid; an uncomfortable feeling of weakness, pains in the bowels, or a feeling of faintness and emptiness in the epigastrium.	*Very Short.*—Persons experiencing unpleasant feelings in their bowels in the morning, are attacked in the evening already with dysentery, bloody stools, &c., and some without the least warning.
FIRST STAGE OF THE DEVELOPED DISEASE. (Stadium Stricturæ.)	
1. Stools more or less frequent, without any fæcal matter, of *dark* blood colour, mixed with shreds. The quantity much greater than in dysent. recti. If neglected or improperly treated, we see alternately with bloody motions, discharges of variously coloured mucus, not unfrequently of slimy jelly-like matter resembling green glass.	1. Stools more frequent, perhaps as frequent again as in dysent. intest., motions without any fæcal matter, mucus of a *pale red* colour and in small quantities, or only white mucus with stripes of blood; or watery discharges of a light red colour (like the washings of meat), with shreds, but rarely of a dark red colour.
2. Tenesmus inconsiderable.	2. Tenesmus very violent, and sometimes sufficiently so as to occasion a prolapsus ani.
3. Vomiting frequent.	3. Vomiting rarely.
4. Besides the griping, usually preceding the motions, severe pain in the bowels is rare, though the abdomen is sensitive to the touch.	4. Besides the griping, usually preceding the motion, severe and lasting pain in the bowels much more frequent.
5. Strangury, a common symptom.	5. Strangury very rare.
SECOND STAGE. After the obstruction to the course of the fæces has been removed.	
Begins, under a proper treatment, with the 3rd or 4th day.	The commencement of this stage cannot be determined, it may happen on the 6th, 8th, or 10th day, or even later.
Stools of liquid fæcal matter.	Stools of fæcal matter, either bound or soft, without being liquid.
The stricture once removed, rarely reappears (except when caused by improper diet), the motions remain of a fæcal nature, with griping preceding them.	The stricture may re-appear of its own accord, and the discharge of fæcal or only mucous matter alternate, for several days. If left to itself, the irritation of the rectum extends upwards over the whole tract of the intestine, increasing the peristaltic motus, causing stools of liquid fæcal matter, sometimes mixed with lumps of hardened fæces. The stricture, in this case, is removed by the antagonistic irritation of the small intestine.
Under the ordinary mode of treatment, nearly ten days may be required to bring the liquid fæcal stools to a normal state. Bitter and astringent medicines, wine, &c. increase the number of stools, and also their liquid character; we are reduced almost to the exclusive use of opium.	The shorter the time during which the obstruction existed, the less diarrhœa. In many cases the disease is cured with the disappearance of the stricture. However, if the obstruction lasts a long time, the remaining diarrhœa is sometimes very obstinate. Calumba, but particularly catechu, are here very effective.
It never occasions miscarriage in pregnant women.	Dr. Rademacher saw five miscarriages with a fatal termination, in two epidemics of this kind.
The mortality amongst children is not greater than amongst adults.	The mortality amongst children very great, on account of the greater irritability of their rectum.
SIGNS OF DANGER AND APPROACHING DEATH.	
Death ensues only in the second stage. Cases where the disease leaps over the first stage are very dangerous, though not always fatal.	Death ensues within the first or between the first and second stage.
Icy cold hands (feeling like frogs) is a certain sign of a fatal termination. This symptom generally appears a day, sometimes two days, before death.	Cold hands appear before death, but they are not of that chilling description; but, as is usual with dying people, they appear shortly before death, never before the last 12 hours. In one case only Dr. Rademacher found this cold state of the hands disappear, and the patient recover.
Many patients evolve, shortly before their dissolution, an excessively cadaverous smell.	This cadaverous smell is never observed.

These are the leading features of both kinds of dysentery. *Diarrhœa* and discharge of liquid fæcal matter, as premonitory symptoms, constitute the greatest presumption of a dysenteria intestinalis.

Discharges of pale red coloured mucus, in small quantities, with tenesmus, is more characteristic of a dysenteria recti, though we sometimes meet with it in a very mild dysentery of the other kind. The two most generally adopted modes of treatment consist in giving opium or purgatives. Those who laud the use of the former object to the latter, and *vice versâ*. What can be said of this contradiction?

Few authors have had an opportunity of observing both kinds of dysentery; and if they have, the difference as to the seat and extension of the disease has probably escaped their notice. Now, in a dysenteria recti, opium is decidedly injurious, and renders the case worse, while purgatives act beneficially. In dysent. intest. opium does good, while purgatives are apt to do a great deal of mischief. In *dysent. intestinalis* the irritation of the intestinal canal is in general so great, that, after the disappearance of the stricture, a single glass of wine, or a small dose of a bitter tincture, acts like the strongest purgative. What good then can be expected from purgative medicines under such circumstances? Given in the first stage, they will, no doubt, remove the obstruction to the course of the fæces; but what have we gained thereby? In this kind of dysentery people do not die in the first, but in the second stage, when the obstruction no longer exists, and motions of liquid fæcal matter have appeared. To give purgatives now, would only augment the great irritation already existing, increase the watery discharges, and on the whole render the case worse. On the other hand, by the use of opium, the irritability subsides, and the liquid stools generally regain their proper consistency, though only within ten days. The treatment with opium, although it is the better of the two, is nevertheless very imperfect. Many persons, particularly old people, bear but a small quantity of opium, insufficient to arrest the disorder; nor is the continued use of it, which the obstinate character of the attack sometimes requires, at all practicable in many cases. The idea of giving æther at the same time with the opium, to counteract the obnoxious effects of the latter, is in *thesi* good, but in *praxi* we find that, in the same degree as we neutralize the peculiar effects of opium by æther, so, in the same ratio, do we deprive it of its sedative power upon the alimentary canal. Considering that a cure by the use of opium requires about a fortnight, and to what extent the patient must

necessarily be reduced, by the exhausting stools, fever, disturbed rest, and imperfect digestion, during that period, it is easy to understand why this mode of treatment must still be regarded as imperfect.

In the *dysenteria recti*, the seat of the disease is chiefly in the rectum, while the other parts of the intestinal canal are but slightly, if at all, affected. It must also be admitted, that a kind of antagonism exists between the rectum and the other intestines, because in health, before the rectum discharges its contents, we experience a feeling of an increased motion in the middle of the abdomen, *i. e.* in the small intestines, by which the contraction of the rectum is overcome, and the fæces are removed.

The irritation in the rectum, however, being much greater in this form of dysentery, the natural balance between the two antagonistic powers—that of the rectum and the rest of the intestines—is thereby disturbed, so that the increased peristaltic motus of the small intestine, causing an inclination to stool, cannot overcome the morbidly increased contractions of the rectum, and we have only a forcing down of the rectum, with a slight discharge of blood and mucus, but no fæcal matter. If we now give aperient medicines, they, acting almost exclusively on the small intestine, very little on the colon, and not at all on the rectum—provided always that they are not of a drastic nature—the peristaltic motus in the small intestine is thereby greatly augmented, the disturbed balance re-established, the stricture of the rectum overcome, and the discharge of the fæces enforced. In this manner a cure of the dysent. recti is effected by aperient medicines; and everybody will perceive that it is not a direct but an antagonistic cure, which is, however, only practicable in this kind of dysentery,—as we need not be afraid, as would be the case in the treatment of a dysent. intestinalis, of augmenting the morbid irritability of the small intestine by the artificial stimulus of aperient medicines, as no such irritation in this affection exists. Formerly, medical men fancied that dysenteric affections, in which aperients acted beneficially, were of a bilious character, and that the cure was effected by the removal of the acrid bile. This erroneous view did much harm by misleading others, and by preventing the use of aperient medicines, as an antagonistic stimulus, from being properly understood. In cases of dysent. intestinalis, especially where aperients are clearly injurious, we mostly observe a discharge of such matter as might seemingly confirm the opinion of acrid bile being the cause of dysentery. But in this form of the disease, the whole of the intestinal canal being more or less in a state of irritation, the biliary ducts are consequently very frequently affected also; and for this reason, we meet with motions of greyish fæcal matter in the precursory stage of the disease; and, on the removal of the stricture, which is in the second stage, with an effusion of a quantity of dark green bile, which, with the admixture of intestinal mucus, has much the appearance of dark green glass. The more inappropriate the treatment, the greater the sympathetic affection of the biliary ducts, and the greater the quantity of bile discharged after the removal of the stricture. Hence, it is easily comprehended how, under such circumstances, the notion of a bilious dysentery would gain ground, and mislead the medical attendant.

We have now seen how a dysenteria recti may be cured by aperients. Still, this mode of treatment appears quite as imperfect as the exhibition of opium in dysentery of the other kind. In slight attacks it is all very well; but in cases of a serious nature, its defects are more palpable. Mild aperients, as neutral salts, &c., are in general of no avail; a combination of senna and salts answers better. But even if the stricture has been removed, the cure is not always complete, as it re-appears very frequently, leaving us just at the same point as we started from, and we must again have recourse to an aperient. This may be the case over and over again, before the obstruction is permanently done away with. Recidivi of this kind cannot be prevented by the continued use of the aperient medicine, as, though it acts in the commencement only on the small intestine, yet in the end, the colon and rectum become likewise affected, causing tenesmus and symptoms similar to those it was intended to alleviate. Rhubarb is more apt to do this than senna. It is therefore necessary to discontinue the aperient as soon as the stricture has given way, and to repeat it only in case it re-appears.

Now we will show the impossibility of effecting a cure of the dysent. recti by opium.

It will be granted that opium lessens the downward peristaltic motus of the intestines, without which no evacuation can take place. For argument's sake, we will assume that it acts in this way equally strong on the whole intestinal canal, the rectum not excepted; but this assumption is not strictly correct, as it most likely affects the motus peristalticus of the small intestine more strongly than that of the colon or rectum, which is rather unfavourable than otherwise to the proposition we have undertaken to prove. To be better understood, we will express the relative degree of the peristaltic motus in numbers. Let the motus of the rectum = 10, the motus of the other intestine = 5; the daily decrease of the motus by the exhibition of opium = 1. Under this supposition, a dysenteria recti, treated with opium during five days, would give the following result, as regards the respective motus of the rectum and the remainder of the intestine:—

Days.	Motion of the Intestine.	Motion of the Rectum.
1st	4	9
2nd	3	8
3rd	2	7
4th	1	6
5th	0	undeterminable.

One would think, as soon as the motus of the intestines had been reduced to 0, that of the rectum, ought to be 5; but this would only follow if no antagonism existed. This being however the case, the increase of the motus recti is quite incalculable; and so we find it in practice. No sooner has the peristaltic motus (most likely that of the small intestine) been reduced to 0, than the irritation of the rectum becomes so severe, that we cannot speak any longer of the number of stools, but the patient suffers from continued tenesmus. If the medical attendant is still unaware of the error he has committed, and does not excite by aperients the antagonistic motus of the small intestines, the forcing down of the rectum may occasion a prolapsus ani, which, as is well known, does not lessen the tenesmus.

It is hoped the reader will now better understand the impossibility of curing a dysent. recti by opium; and that the beneficial results obtained from aperients in this disorder, are based upon the existing antagonism of the rectum and the remainder of the intestinal tract. Those of our readers, who are not well pleased with this simple account of the adduced facts, will perhaps remember that all explanations which prove only the ingenuity of their authors, without making the cure of a disease easier to the practitioner, deserve no great esteem.

Before giving Dr. Rademacher's peculiar mode of treatment, it may be as well to refer to two among the many remedies recommended in this disorder, which enjoy a certain reputation, viz., ipecacuanha and calomel. The former, it will be admitted, is as yet of doubtful efficacy; while the latter (generally given in large doses), although proving beneficial in many cases, possesses so many and palpable disadvantages, that the medical practitioner will be glad to exchange it for a remedy that is at once as harmless as it is efficacious.

Treatment.—It is no new theory to consider dysentery a fever, and the peculiar affection of the bowels as a symptom of this fever. We need only mention Sydenham; but as long as we have not found the proper remedy for the cure of this fever, and the symptomatic affection of the bowels, it is only a good idea, which is of little value in practice. Such a remedy, however, we possess in the nitrate of soda.*

I. *Dysenteria Intestinalis.*—The irritation of the intestine varies greatly in this disorder; it is therefore impossible to determine beforehand the dose of nitrate of soda in all cases; but as a general rule, 2 drachms dissolved in an 8-ounce mixture with a scruple of tragacanth, to be taken during the 24 hours, may be considered the average dose. If the irritation of the bowels be very great, then a drachm and a half given in the following way—

℞ Sodæ nitrat. ʒ iss.
Olei papaveris, ʒ iij.
Gum. Arab. ʒ j.
Aq. font. ʒ viij.

M. S. Every hour a table-spoonful to be taken.

will be found to answer best.

By the use of this mixture the number of stools soon diminishes, and the unpleasant feeling in the abdomen and the whole body palpably subsides. But, in order to prevent mistakes, we must here state, that in many cases the number of stools is suddenly increased as soon as the obstruction has been removed. If the soda has not been given in too large a dose, the mixture need not be altered, as in a few hours all will be again within the usual bounds. The reason of this unexpected increase in the number of motions, is the following:—This form of dysentery has a precursory stage, which lasts sometimes three or four days. The food taken during this period is not properly digested, and, as soon as an obstruction to the course of the fæces

* A good preparation of the nitrate of soda may be obtained at Gardener's, in Oxford-street. It may also be extemporaneously prescribed by saturating the carb. of soda with nitric acid

takes place, remains locked up above the stricture. No sooner, however, has the stricture given way, than nature, of her own accord, discharges these accumulations, causing, as it were, an aggravation of the disorder, which nevertheless soon subsides on their removal. Should this, however, not be the case, it would follow that the dose of the soda had been rather too large, it must therefore be reduced, and given in the form of an emulsion, as directed above. In cases where, during the precursory stage, want of appetite and diarrhœa prevailed, which is one of the best signs that we have to deal with a dysent. intestinalis, the accumulation of half-digested food is of course impossible.

Vomiting is another common symptom in this kind of dysentery; if not severe, or of long standing, it is in general removed by adding 15 grains of bismuth to the 8-ounce mixture. We must, however, substitute half an ounce of gum-arabic for the tragacanth. If the vomiting is very obstinate, it is well to give at once—

℞ Sodæ Acetatis, ʒ ii.
Gum. Arab. ʒ ss.
Aq. destill. ʒ viii.

M. S. Every hour a table-spoonful to be taken, and follow it up by the soda as soon as the vomiting has ceased.

Sometimes a diarrhœa remains after dysentery, which must no longer be considered as a symptom of that disorder, but as an idiopathic affection of the bowels, and is as easily cured as any other simple diarrhœa. Whoever chooses to employ opium, may do so; but the acetate of zinc possesses all the advantages, without the disadvantages of opium. In some cases—but this is quite an exception—the general feeling of health, after an attack of dysentery, is still impaired, and diarrhœa remains; the excrements are of a very light yellow, greenish or grey colour, or at least become grey by exposure to the air; and an unpleasant feeling (it need not amount to pain) in the region of the liver. In this case neither opium nor acetate of zinc would be of any avail: it is a sympathetic affection of the liver, and requires the exhibition of a good hepaticum; which? cannot be determined beforehand—Quassia, nux vomica, or the tincture of Chelidonium majus, in general answer well.

The kidney likewise may become affected after dysentery, and be the cause of a remaining diarrhœa. The quantity of urine is then diminished, or both scanty and muddy. Three remedies surpass all others under these circumstances; viz., four drops of tincture of opium,* in 2 lbs. of luke-warm water; a cupfull to be taken at intervals. The whole to be used during the twenty-four hours. Two drachms of the powdered cochineal (rubbed down with sugar) to be taken during the twenty-four hours. The third remedy is an infusion of the Solidago virga aurea (golden rod)—half an ounce to five or six cupfulls of boiling water.

As soon as, by the use of one of these remedies, the urine has acquired its healthy colour, and is discharged in greater quantity, the diarrhœa ceases.

It is necessary the patient should keep in bed, and avoid taking cold while having a motion. Abstinence from all solid food is advisable. Cold drinks of every description are immediately followed by an increased number of stools. In cold weather it is advisable to give even the medicine with the chill taken off—the irritability of the bowels being often much greater than would be credited by persons who have had no opportunity of witnessing.

II. *Dysenteria Recti.*—In this form of dysentery the irritation of the small intestine is so slight (often there is none at all), that we can increase the dose of the soda to an ounce per diem in 8 ounces of Aq. font., without oil or gum arabic, to be taken as before. In many instances, already on the first day, after taking this mixture, stools of bound fæcal matter appear, and on the second, the disorder is cured. In severe affections the obstruction may last a little longer, but with its removal the cure is complete. Should the evacuations remain of a liquid character, after the obstruction has ceased, it is well to reduce the dose of soda to 2 drachms, or even to a drachm and a half, given as before, in the form of an emulsion.

If properly treated, we rarely see a secondary diarrhœa remaining after this kind of dysentery; but in cases of neglect or ill-treatment, this will sometimes happen. The sovereign remedy for a chronic diarrhœa of this nature, is

℞ Gum. Arab. ʒ j.
Ammon. Muriat. ʒ ss.
Extract. Catechu. ʒj.
Aq. Font. ʒ viij.

S. every second hour a table-spoonful.

Still more rarely, a trace of tenesmus remains after this disorder, without any other feeling of sickness. An ointment of belladonna—

℞ Ext. Belladonnæ ʒ ss—j.
Adip. pp. ʒ ij.

Five or six times applied to the anus answers best.†

This is an outline of Dr. Rademacher's treatment of dysentery which can be confidently recommended to the attention of the reader, as many eminent physicians on the Continent have borne testimony to its efficacy.

We conclude with what has been stated by Dr. Meyer, in an account he has given in Hufeland's Journal, of the use of nitrate of soda in dysentery. He says:—

My first trial was attended with such happy results, that during a great epidemic it obtained the preference over all other remedies. Many hundreds of persons owe their speedy recovery to this remedy; not two in a hundred died, and those who did die were either previously in a sickly state of health, and the disease showing from the commencement a malignant character, or it had already become too much aggravated by neglect. In most cases the soda completely removed all characteristic symptoms of the disorder in one or two days.

* This seems to be quite a homœopathic dose, still we would thank the reader to judge of its merits only after trial. Experience has in many cases decided for minute doses.

† Ulceration of the rectum is sometimes the cause of the remaining tenesmus, and must then be treated accordingly.

CASE

OF

FRACTURE OF THE SKULL FROM THE BURSTING OF A GUN, THE BREECH-PIN OF WHICH WAS FOUND LODGED ON THE TENTORIUM.

BY WILLIAM COLLYNS, Esq.

John Richards, a gamekeeper, in the service of the late Lord Courtenay, in the year 1803, when returning from shooting, discharged his gun at a blackbird, which he killed, and picked up, but found the gun had burst, and a part of the stock and the breech-pin were gone. He walked nearly 100 yards to his house; and finding he was wounded, sent off to my father, a surgeon, at Kenton, whose pupil I then was. On examining him, my father found a wound in the forehead, and a considerable fracture of the os frontis, with one large and several smaller portions of the bone much depressed. Being unable to elevate them, he proceeded to apply the trephine, close to the edge of the fracture, on the left side above the frontal sinus, the largest of the depressed portions being across the inner ridge of the bone, and apparently involving both sinuses. After removing the small circular piece by the trephine, the depressed bones were easily extracted, to the number of fourteen pieces. The man was sensible all the time, and continued so without much pain, until the evening of the third day, when he became comatose, had a violent convulsion, and died. Twelve hours after death, on making an examination of the head, a wound was found across the brain on the left of the falx, and the missing breech-pin, weighing 13½ drachms, was found resting on the unbroken tentorium. The broken pieces of bone were found to belong to the os frontis; the larger portion containing the base of the ridge of that bone, and the upper portion of the cavity of each frontal sinus. I have the pieces of bone, fourteen in number, and the breech-pin of the gun; and my recollection was called to the case on perusing the astonishing account by Mr. Gage, in the second number of The Institute.

WILLIAM COLLYNS, Surgeon.

Kenton, near Exeter, October 19, 1850.

AN EXTENSIVE AND FORMIDABLE NÆVUS IN AN INFANT,

Successfully treated by actual Cautery.

By THOMAS WARNER, Esq.

November 10, Mary L., a healthy infant, aged three months, was brought to me, having a nævus, 3 in. by 1¾ in., situated across the sacral region, raised generally about a quarter of an inch above the surrounding parts; around the margin it was more elevated, turgid, and vascular, and of a deeper colour than in the central parts. The colour varied; in some parts it was bright and florid, in others more purple, and about the centre there were two or three spots, apparently almost free from the varicose condition.

Having, in former cases, used vaccination with success (and in one the nævus was as large as a crown-piece), I tried it on this occasion, but the bleeding was so free that there was no chance

of producing any effect, and I applied strong nitric acid around the edges, and partially in the central portion.

15th and 30th. The acid was again applied, so as to produce vesication and superficial sloughing in parts, under the hope that in the healing process obliteration of the anastomosing vessels might take place, as in the case in which the vaccine virus was used.

By about the 20th of December, the surface became sound, but the growth had increased in extent (4 in. by 2 in.), elevation, and vascularity; it was also of greater depth. At this time Mr. Lawrence being in this neighbourhood, I requested his opinion. Mr. L. said that he had never seen a nævus altogether of this character; that it admitted of no attempt at cure by the ordinary methods, and gave an unfavourable prognosis; but he suggested the actual cautery as the only probable mode of getting rid of the growth, at the same time stating that he had not as yet seen it tried.

On the 22nd of December (the child being brought under the full influence of chloroform), two curved irons were heated, and applied firmly in succession around the outer edge, and more lightly in the central portions.

December 25th. Cautery again applied.

January 12th. The efficacy of the treatment was observable, as in some parts the anastomosing structure was destroyed ; but the disease (if it may be so called) was evidently spreading further below the skin, which was elevated from beneath, though not discoloured on the surface.

February 6th. Size increased to $4\frac{3}{4}$in. by $2\frac{3}{4}$in., in shape resembling the sole of a small shoe, but the vascular structure was evidently destroyed in some spots on the central portion, and undergoing a favourable change in others. At the margin, however, it was still inclined to spread.

March 7th. A considerable portion had put on a favourable appearance, but still in some parts the anastomosing process was progressing, and to these cautery was again applied.

During the months of April, May and June, there was marked though gradual improvement, excepting at one extremity, where to the extent of the section of a small orange the growth remained, and at the end of June it was evidently spreading, the congeries of vessels being easily felt rather deeply seated, and their purple colour showing *through* the sound skin. I did not feel warranted in applying cautery to the depth required, and on the 17th of July determined on using two-eyed needles with double ligatures, and tying the tumour in the usual way. This was attended with a good result, the last remaining portion sloughing off; but there was extensive suppuration underneath the tumour, which probably made the cure more complete.

Remarks.—One difficulty in this case (independently of the extent and shape) arose from the anastomosing process taking place and increasing in the *deeper* tissue, the skin becoming affected subsequently ; so that on each occasion, although literally a deep circumvallation was made and was extended to the sound skin, the parts beyond soon gave signs of the subjacent anastomosing. The red hot iron produced a paleness and shrivelling of the structure beyond the part immediately destroyed, and it is very probable that in ordinary "marks" or nævi, this treatment would be successful.

The child suffered in health, but it was materially ill on two occasions only ; once from diarrhœa, and again during the formation of matter after the application of the ligatures ; the child was fed from the mother, and took beef-tea and milk, and wine and water ; moderate sedatives were of much use, and sometimes vin. ferri was given. The urine occasionally phosphatic.

Although ample experience has been obtained as to the use and effects of chloroform, perhaps there are few instances in which it has been so fully and frequently used in an infant from three to five months old. When consciousness and sense of pain were returning a cold poultice was applied, an useful experiment under many circumstances, after the use of potass. fusæ, argent. nitr. to a tender surface, &c.

Vaccination often fails; the bleeding is obviously an impediment, and if even one pustule only occurs, a second vaccination takes no effect.

THOMAS WARNER.

Cirencester, October, 1850.

ENCYSTED OVARIAN DROPSY.—HYDATIDS.

BY

A GENERAL PRACTITIONER.

M. A., aged 37, sallow complexion, dark brown eyes, and black hair, of middling stature, and inclined to obesity ; she states that generally her health has been good, although at times troubled with headache and bilious vomiting, combined with pain in region of liver. These symptoms were speedily removed by medical treatment, lasting only a few days.

Is the mother of four children, all of whom are now alive. Since the birth of last child she has aborted twice, the first in the third month, the second in the fourth or fifth. In the second abortion she suffered severely from hæmorrhage and inflammatory symptoms, from which she recovered after a lingering illness.

About two years after her last abortion and six months previous to her present application, she one day perceived an enlargement in the left iliac region, extending over to half way between the umbilical region and opposite iliac. For some months previous to this her menses had been irregular, and at the period she felt a dull pain in the seat of the tumour, extending down the thigh on the same side, with a degree of numbness. Up to this period she has not perceived any material change in her health, with the exception of a peculiar pain in the abdomen, combined with irritability of stomach. The appetite was good, and the patient able to take exercise to considerable extent without fatigue.

Thinking that she might be pregnant, she applied for advice to confirm her suspicions. Upon examination, the uterus was found of its natural size, but the position of the os uteri was altered, being as it were more inclined to the left side of the vagina, whilst the neck appeared slanting to the opposite side. The tumour, when examined externally, was obscurely fluctuating, and extended from the left side to the junction of the umbilical and right iliac region. It was rather painful on pressure, and from its situation offered some impediment to the free passage of the urine. The urine was diminished in quantity and highly coloured, with the deposition of a flaky precipitate when cold ; the bowels constipated, not having any stool for a week without the use of purgatives ; the stomach irritable, and tongue coated with white fur ; breathing somewhat oppressed, with a hacking cough.

March 24. She was ordered a mercurial purgative with saline aperient, from which she had several copious stools and felt a little relieved, but complained of pain in the seat of the tumour.

March 27. Pain in tumour somewhat relieved, but the tumour the same as regards size. The breathing a little improved and bowels regular, but not loose. The urine much the same, but she complains of some difficulty in passing it. She was to take a mixture of Pot. acetat.; Spt. Æther. nitr.; Tinct. Scillæ; Tinct. Hyoscyami; Magn. Sulph. and Inf. Aurant. three times a day, with Pil. Hydrarg. Iodidi gr. iiss.; Ext. Hyoscyami gr. ij. every night, and to apply to tumour the Unguent. Iodinii comp. night and morning.

April 10. Has persevered in the use of the above. The tumour is evidently diminished in size, and free from pain. The urine more copious, bowels regular, appetite improved, and tongue cleaner. To continue the use of mixture and ointment, but to omit the pills, on account of the mouth becoming slightly affected.

April 17. Appears improving, the tumour a degree less than at last examination, and the patient complains of no pain on moderate pressure. The bowels regular, urine in greater quantity, lighter coloured, and free from deposit. To take Pot. hydriod. gr. iv.; Spt. Æther. nit. ʒ ss.; Tr. Hyoscyami ♏ xx.; Inf. cascarillæ ʒ xi.; the draught to be taken twice a day, with the following draught according to necessity—℞ Mag. sulph. ʒ ij.; Pulv. rhei ʒ ss.; Inf. sennæ ʒ x.; Spt. ammon. aromat. ♋i. M. To omit the use of the Ung. Iodinii comp.

April 29.—The size of the tumour considerably diminished. The urine passed without difficulty; bowels regular; the cough not so troublesome; the appetite good, and improved in every respect. Wishes to go into the country, and is directed to take the mixture as last prescribed, with the re-commencement of the Unguent. iodinii comp.

June 6.—Favourable accounts have been received, and expresses herself much relieved, and in tolerable health; although the tumour has not much diminished, yet she feels no inconvenience from it.

1841.—May 23rd.—Being summoned to attend upon this person, it appears that, for the last few months, she has been addicted to the use of ardent spirits. The tumour is very much enlarged, the skin tense, and in one part, about the centre of the left iliac region, there is inflammation and severe pain; the breathing is difficult and oppressed ; pulse quick, but small; and very violent vomiting, with relaxation of bowels, retention of urine, and severe pain about the neck of the bladder. To apply anodyne fomentations to the tumour, and take the following draught every four hours·—

℞ Tinct. Hyoscyami, ♏ 20.
Infus. Humuli, ʒv.
Sp. Æther. Nitr. ʒi.
Sp. Ammon. Comp. ♏ 20.
Aquæ Anethi, ʒv.

f. haustus, with the following at bedtime:—

℞ Liq. Opii Sedat, ♏ 30
Liq. Ammon. acet, ʒiv.
Sp. Æther. nitr. ʒj.
Mist. Camp. ʒvii. f. haustus.

May 24. Much the same pain still continues, the bowels not so relaxed; by the introduction of the catheter two-thirds of a pint of dark-coloured urine was drawn off. The tumour has put on a livid appearance on one particular spot where the fluctuation is very perceptible; it being evident that an opening in the parietes would take place the fomentations were continued, and a draught with ammonia, tinc. opii given every three hours. At 11 p.m. I was sent for, and found that the tumour had given way and discharged a considerable quantity of puriform fluid, having mixed up with it a quantity of broken down shreds of membranous bodies. The opening appeared closed up with a gelatinous substance, on the removal of which there exuded a quantity of sero-purulent fluid with broken down membrane. The patient was in a state of collapse and gradually sinking, the pulse feeble, breathing stertorous; scarcely sensible when spoken to. She remained in this state for nearly five hours, and then expired.

On a *post-mortem examination*, twelve hours after death, the following appearances presented themselves :—

The *brain* was rather deficient in the quantity of blood usually contained in it. There was slight infiltration of serum into the lateral ventricle; the arachnoid contained several opaque white spots, but was otherwise healthy.

The *thorax* contained a quantity of fluid, the lungs infiltrated with serum. The pericardium contained eight ounces of fluid; the heart flabby and pale in colour, the right ventricle hypertrophied, and containing a large clot or coagulum.

The *abdomen*.—On cutting into the abdomen there was a large quantity of sero-purulent fluid, with numbers of entire hydatids floating in it. These, on being cut into, contained others of a smaller size, filled with gelatinous fluids. The parent cyst appeared connected with the left ovary, and on its internal lining membrane numerous hydatid tumours were adherent. The right ovary was enlarged, and contained several smaller cysts. The uterus flabby, and larger than usual.

The *peritonæum* was inflamed and in spots tending to gangrene. The intestines and stomach were somewhat discoloured; on cutting into the liver there appeared several isolated cysts. Kidneys flaccid, but not otherwise diseased.

LEAVES FROM THE DIARY OF A PARISH DOCTOR.

BY THEOPHILUS PROBE, ESQ.

(The old Regime.)

No. III.

Our readers will have the kindness to remember that we are furnishing them with leaves from our veritable Diary, picking out what appears to us the most piquant and suitable for a medical journal; at the same time we must crave indulgence if now and then we somewhat wander from the subject, and introduce matter perhaps irrevelant. We claim this privilege, only announcing that we have a motive—a reason for what we do. If the calls upon professional skill were confined wholly and exclusively to the sick chamber, then we should feel that our observations and experience should only have reference to details connected with that vocation; but every medical man in active practice knows well, that other claims besides physic are made upon his time and judgment, and that, like Proteus, he must, under certain circumstances, assume different characters ; hence it is, that a general knowledge of men and things is an indispensable qualification for successful practice in our profession. Having said thus much, we proceed to place in intelligent order a few more leaves from our Diary.

Commend us to the Easter meetings under the old Poor Law ! We are neither *gourmands* nor tipplers, but we have a complacent recollection of many good things on those occasions. We have said before we have a predilection in favour of day-dreams—not speculations on the future, but dreams of the past—a re-living (so to speak), a spiritual wandering amongst bye-gone associations; the levy of a tax upon memory, for the resuscitation of bright and sunny days in the best moments of our existence. It is this happy condition of the human mind—this power of realising past feelings and past sensations—which gives a charm, and diffuses a soft and holy radiance on our declining years; and as Alexander in his ecstasy

"Fought all his battles o'er again,"

so are we enabled by this glorious attribute to feel again the spring-tide, and do battle in life's warfare with early energy and early triumph.

We are then at this moment in our little snuggery—documents relating to past adventures, and past occurrences in our professional career, are before us. Time with his dirty fingers has discoloured the fair sheets upon which we transcribed our thoughts and actions ; but in their great repertory (whatever nook or corner of the brain that may be), they are fresh and vigorous as ever, and come forth in full relief, redolent with life and truth. We are just now peeping into an antiquated vestry in the village church of S——. There is a motley assemblage of persons—nearly of all grades and characters, for it is the Easter meeting, and overseers and churchwardens, "a jolly clan," are exhibiting their books and documents for investigation and approval.

Ah ! there sits one old and venerated friend, with his gray locks, his smiling countenance, his excellent heart beaming through his eyes, his merry laugh, somewhat loud withal, but worth a million of titters from cold, unmeaning, sophisticated aristocrats. Who on earth is he ? Who ? Why the patriarch of his village—a tradesman, but a man of substance—a man of sterling honesty—one of those rare and excellent examples of the genus "Homo," who remain unwarped, amidst a perverse and crooked generation.

He is, and has been for years, the chairman of that rustic assembly ; he guides and directs their counsels, examines and rectifies errors if they exist, and by his superior tact and discernment leads them pilot-wise through every shoal of difficulty. We were always in the habit of attending this particular vestry, and here our merits and demerits were freely discussed and honestly appreciated, or censured if deserved. From this, our respected friend, we received at all times a cordial grasp of welcome, a grasp which indicates truth and sincerity. We love a kind and friendly shake—a grip, which goes to the heart of us. We believe we can judge character well by this mode of salutation. A bow may deceive us—it may seem condescending, yet come from a proud and imperious man. A smile is always difficult of solution : when a man hates you he will smile ; but if you watch the angles of the mouth, you will find them elevated mechanically, or as if they had been raised by the force of a galvanic battery, while the eye, which, in ordinary, beams sincerity, is in his case as cold and stolid as a green gooseberry. There is meaning when hand meets hand in the courtesies of life. When one or two fingers are presented, he who presents them is proud or selfish, or lacking warm blood at his heart's core ; but when the grasp makes your tears flow, rely upon it there is something in that. We are not sure but the man who treated you thus would lend you a sovereign.

Our mirror of the past reflects us just stepping into the vestry ; there is a bitter argumentation ; the business seems to be concluded, but our chairman is listening attentively to a plain John Bull farmer, who is expatiating on some deep injury. At this moment he catches sight of our figure amongst the group. "Oh !" cries he, "here is the Doctor, take his opinion ; perhaps he will direct you what you ought to do." The tale of his grievance was simple enough, and soon told. An old man, whom he had often befriended, had been detected stealing turnips from his fields, and that too in numbers beyond what could be fairly pardoned by the most generously-disposed persons. The debate then was whether he should be sent to prison for the theft.

We have always entertained a notion that one of the greatest burdens with which this country is afflicted is the County Rate, and the one which especially presses on the landed interest. A large portion of this rate is expended on the committals and punishments of petty offenders, or infringements on the game laws, and on cases of larceny of small amount and trivial character. We once knew three men sent to trial for stealing a piece of wood value one shilling. They were incarcerated four months, the expense to the county was upwards of thirty pounds, while the families of the delinquents were supported by the parish at a cost in proportion to their wants. Who in this case were the most heavily punished, the thieves or the rate-payers ? In a moral sense, these committals have had a grievous influence, especially under the old system of prison discipline. Lads have been sent to jail to learn crimes; they have gone with a small measure of guilt about them, and returned charged with the spirit, and the teaching, from deep and terrible offences.

We did not fail to develope these views to our mixed auditory; and, as we addressed their judgments and their pockets at the same

time, the influence was marvellous. We determined upon our plan of proceeding; and although in the eye of the law we may be regarded as "compounding felony," we will, nevertheless, fearlessly tell our tale. We picked out a certain number of the yeomen present, who were to act as jurors, and the office of judge being unanimously voted to us, we proceeded in our judicial investigation. The accused was placed in the centre of the group, and the evidence proved beyond controversy that the old man was a thief, without the redeeming excuse of urgent necessity, or real want, for he had in his house an abundant supply of provisions. The spot chosen for this inquiry was admirably calculated to awaken serious thoughts, and afford an opportunity for an impressive exhortation. The altar was before us, and, as is common in most churches, the Decalogue in legible characters was written upon the wall. We called the old man's attention to the eighth Commandment, "Thou shalt not steal." We impressed upon him the fact that he had already numbered his threescore years and ten; and that the time was coming, and not far off, when, in the presence of a Judge who needed no evidence to convict, it would be inquired of him, "What plea hast thou to justify thy departure from this law?" We showed him that the man he had robbed had befriended him often, when his pressing necessities wanted a friend; thus adding to his great moral offence the sin of ingratitude,—a sin so monstrous that it had been said, "There never lived a man who would acknowledge himself guilty of it." In the best manner we could, and in language fitted to his comprehension, we dwelt touchingly and feelingly on each of these points. The poor criminal evidently writhed under the castigation we gave him, and the big tears trickled down his cheeks, being tokens at any rate of some sensitiveness, if not contrition. At length, overcome by his feelings, he fell upon his knees, and in piteous accents cried,—"Pray, gentlemen, forgive me!—pray forgive me!—as I hope for salvation, I will never steal again." We need not say he was forgiven—freely, generously forgiven; and, although the old man lived until he was upwards of eighty, there was no reason to believe but he kept his word.

When this business was concluded, and our re-appointment as parish doctor settled, we retired to the village inn, where a substantial Easter dinner awaited us. These dinners, under the "new regime," have been called the delinquencies of the old system. Delinquencies, forsooth!—what, after men have been labouring for a twelvemonth, subject to continual claims upon their time, devoting hours and even days to the collecting, and careful disbursement of parish money, are they so unworthy of the smallest reward, that even a common yearly dinner should be withheld from them? Oh! ye pseudo-economists—ye cavillers! look to your present expenses, and ask yourselves whether—in comparison of your lavish disbursements, this was not as a drop to your bucketful? It may be that the number of rates throughout the kingdom may be lessened. We are informed they are; but where is the appropriation? Do the collections go exclusively to feed the poor, to clothe the naked, to administer freely and bountifully to the sick and dying? How much goes to pander the voluptuary, and sustain useless officers, while the really efficient and valuable portion of your staff are starved by your parsimony?

Well, in imagination, we are in the old parlour of the "Dog and Duck;" its "sanded floor grits beneath our tread." We do not think that Charles's twelve rules were there, or the cracked teacups; but we remember that old Georgie and his Queen, in the days of their juvenility, graced the white-washed walls—we have a perfect recollection of his natty wig.

Our dinners were always plain and simple, but excellent in quality, and never lacking in quantity. The home-brewed "nut-brown" too, was pure in its Saxon integrity; a man like Boniface might well "eat and drink and sleep" upon such ale. How it mantled, and nitted and frothed! How frisky it made the honest yeomen, and merry, and jovial, and social. Ready with a song, or a tale, and, at the breaking up, how they would vociferate "God save the King!" As we are neither judges nor over fastidious in music, we will say nothing of the harmony, although we are bound to say it was sung with variations.

Well do we remember the cordial "Good nights;" the vice-like grips of horny hands—indurated by honest toil; the jokes, the squibs at physic and all its appliances; the broad laugh at "powdered post," and our enormous earnings;—"elevenpence three farthings out of a shilling"—a jest so stale that we know not when or with whom to say it is coeval. We knew, however, on these occasions we were fair game, and we laughed as heartily as others.

Farewell, departed days! Like fleecy summer clouds have ye flitted across our horizon—gathering in your flight lights, and hues, and shadows. Ye have melted away and no vestige of you is left, save your footprints in our memory; but ere long even these will be amongst the bye-gones, and then no trace of you for ever. Then, fare ye well:—

"Requiescant in pace."

We have given our last specimen of the Old Regime, and we are willing now to confess we had a motive in giving it. We have exhibited it to show the social position which the medical man held under the old system. The kindly and good feelings which were often vouchsafed to him. Compare it with the cold, calculating, unfeeling recognition of his services under our altered phase. We are no advocates for a mawkish sentimentalism; but we are English to the backbone, and we love the old sturdy John Bullisms, because they have "grown with our growth, and strengthened with our strength," and indicate the spirit of "good will towards men." We do not belong to that class who would weigh out the pauper's food on the principle of exhibiting a minimum to keep from starvation—a quantum to escape inanition. Our knowledge of physiology forbids us to gauge human stomachs as the exciseman does his beer-barrels. We know that hunger is not to be appeased by any such rules, and that appetite cannot be indicated by the dimensions of the sac into which food is placed. The sensation of hunger has reference to a higher order of organization. On the whole, we persist in our opinion that a well-arranged local administration, under the proper guardianship of a rightly-regulated vestry, is better calculated to advance the interests of the poor and the public, than the expensive, cumbrous machinery which at present prevails.

(To be continued.)

THE PHILOSOPHICAL GAZETTE.

REPORT ON CERTAIN SUBSTANCES FOUND ON CAPE RILEY IN AUGUST LAST, AND BROUGHT TO ENGLAND BY CAPTAIN FORSYTH, OF THE PRINCE ALBERT. BY SIR JOHN RICHARDSON, MEDICAL INSPECTOR OF HASLAR HOSPITAL.

Royal Hospital, Haslar, Oct. 10, 1850.

Sir,—In compliance with the instructions conveyed by the memorandum of the Secretary of the Admiralty of the 7th inst., addressed to you, I proceed to report on the following articles, stated to have been picked up on Cape Riley by Mr. Snow, of the Prince Albert.

No. 1. A piece of bone, four and a half inches long, being the head and part of the shaft of the fourth rib of the left side of an ox. This has been chopped from the other end by the blow of an axe.

No. 2. Six inches and a half of the upper end of the seventh rib of the right side of an ox. The lower end of the rib has been sawed off, and the head broken off. A large part of the surface of this bone is corroded, as if from the action of salt. This is the rib of a larger animal than that to which No. 1 belonged, and the head has been broken off recently—that is, subsequently to the alterations of the rest of the surface by exposure, &c.

No. 3. Part of the seventh dorsal vertebra of an ox, being the piece that articulates with the head of the rib.

No. 4 is the lower articular process of the left shoulder-bone of a small hog.

No. 5 is the upper end of the right thigh-bone of a sheep, probably of the Orkney or Highland breed, and rather old. The bone is of a hard compact texture, which excited a suspicion in my mind of its being part of the thigh-bone of a small northern reindeer; but having no corresponding bone of that animal for comparison, this is a mere suspicion, and it corresponds closely with the bone of a small sheep, to which therefore I am inclined to refer it. It has been notched by the corner of a hatchet, or other sharp cutting instrument.

These five pieces of bone are all that bear on the present inquiry. They have lost little of their original weight; and indurated animal matter, showing large nucleated and common fat globules under the microscope, is contained in the cancellated structure of Nos. 1 and 2. There is a quantity of animal fat in the bottom of the shaft of No. 5. A few granular and simple fat cells, analogous to those existing in marrow, can still be perceived in this fat when examined with the microscope; but probably, from exposure to cold, this marrow, which I conclude it to be, has undergone considerable deterioration.

All the five bones have been much worn or rounded by attrition; most probably by rolling among gravel in a water course, or on the beach within the wash of the sea. The sharp edges of the sawn and notched pieces are smoothed off, and the softer ends of the bones rubbed down. The head of rib No. 2 alone has been broken since the rest of the bone was exposed to friction. Taking

the climate into consideration, and particularly the shortness of each season to which the bones can have been exposed to atmospherical influences, or to the action of water, they being, of course, covered with snow for ten months in each year, I should say that they cannot have been reduced to their present state in less than four or five years since the flesh was removed from them; and that they are not much older than that time. A small dipterous insect had taken shelter in one of the cells of No. 2, and died there.

The other bones—viz., No. 6, a portion of the right shin-bone of a young walrus; No. 7, the lumbar vertebra of a reindeer; No. 8, the left shoulder-bone of a young seal; No. 9, a portion of a rib of a walrus—are of very old date, have lost much of their animal matter, are more or less disintegrated, are partially clothed with ancient lichens, and have been most probably exposed to the weather for a half or a whole century, or even longer. They appear to have been imbedded in the soil partially or wholly, or lying amongst moist grass, and not on clean gravel, where I conclude, from their condition, the others were found.

None of the bones bear the mark of a tooth, as they would unquestionably have done had the place been visited by Esquimaux with dogs since they were deposited there.

The other articles picked up at the same place, and sent to be reported on, are—

No. 10. A piece of 1½-inch rope, now measuring 44 inches in length, and having an eye spliced at one end, but which is said to have been, when found, a foot longer, with an eye at both ends. It is bleached on the surface, but is fresh within, so that in some places there remains enough of tar to soil the finger. This rope has been fully reported upon from Chatham, and the date of its manufacture fixed as subsequent to 1841.

No. 11. A piece of old canvass, with Queen's mark, seemingly part of a boat's swab, the length corresponding, and the nail-hole to which it has been fastened to the handle remaining.

No. 12. A chip of drift timber, the surface of a knot, which has been exposed for very many years to the action of the atmosphere, so as to break down greatly the connexions of its woody fibres. Subsequent to this exposure, and recently, it has been cut from the piece of drift timber to which it belonged, by an axe or other sharp cutting instrument—not a stone hatchet. It has all the external character of wood grown in an Arctic climate. On being examined under the microscope, its structure was found to differ essentially from that of a coniferous tree, or of any other tree that grows on the banks of the American rivers flowing into the Arctic Sea—from pines and firs, in the absence of glandular discs, and from the others in the size and form of the ducts and their markings. It corresponds most closely with the wood of the ash; and, from the amount of intra-cellular deposit in the specimen, it is inferred to have belonged to a tree of considerable age. It has most probably drifted from the Asiatic coast, and its being found at Cape Riley bears on the currents and passages of the Arctic Sea. The mark of the axe which it bears, indicates the visit of Europeans to the spot where it was found, as it does not appear to have been long exposed since the cut was made—that is, not very many years.

As the recent bones have all been rolled and worn down, there is a possibility of their having been cast ashore by the ice. Had they been left at the time of Captain Beechey's visit to the same place, on the 22nd of August, 1819, I do not think that the oily matter in their cavities would have been found so fresh. But we have no certain observations on the effects of so rigorous a climate in preserving animal matter, and it is to be observed that while the interval between the thawing and freezing of the bones again does not exceed six weeks in each year, thirty-one years' exposure would be equivalent to only two or three years in the temperate climate of England.

The beef bones, almost without doubt, belong to the ordinary pieces of salt beef supplied to the navy, as their length and the way in which they have been chopped and sawed correspond closely with bones from a beef cask which I examined at Clarence-yard. No. 4, I am inclined, with as little doubt, to consider as the remains of a piece of pork. No. 5 may be the relic of an officer's dinner of mutton. The whole evidence to be derived from their condition points to their deposit subsequent to Captain Beechy's visit, and prior to Sir James Ross's wintering at Cape Leopold, and therefore indicates that they were left by parties from Sir John Franklin's ships in the first year of his voyage, when the ships probably were detained waiting for an opening in the ice, and officers had landed from them to make observations.

Since the above report was drawn up, I have had the advantage of an interview with Captain Forsyth and Mr. Snow, in the presence of Sir Edward Parry, and have not found it necessary to modify the conclusions I had previously come to.

From Mr. Snow I learnt that the crescentic spit or low point which runs out from the bluff headland of Cape Riley has a convex surface, rising in the middle and towards the foot of the cliff 12 or 14 feet above the water. The cliff formed in that part of the earth, mixed with fragments of the adjacent and underlying limestone, is ascended by successive terraces, and on the first, 6 feet above the spit or 20 feet above the water, the piece of rope was found. It had escaped the notice of Captain Ommanney, who, on the preceding day, collected and carried away the evidences that he found of the visit of Sir John Franklin's people, for such is the tenor of the note which he left.

The bones were picked up by the seamen of Mr. Snow's boat, around certain rings of stones on the spit, while that gentleman was busy transcribing Captain Ommanney's note of the 24th, with Lieutenant de Haven's of the 25th, and adding to the originals a notice of his own visit. Captain Forsyth, on interrogating the seamen, learnt that they left behind many bird's bones, and brought away only the beef bones and such as looked most like the relics of ships' provisions.

The tide rises there from three to four feet, and Captain Beechey found the rocks worn smooth and hollowed out by the action of the waves and ice to the height of thirteen feet. The influences of these agents, with the effects of the strong rills emanating from melting snow, and pouring down the sides of the cliff, will account fully for the bones having been so rolled since they were left.

The rings of stones, five in number, vary, Mr. Snow says, from twelve feet in diameter to twice as much. They did not strike his eye on landing, but his attention was called to them by the men, who also observed two or three stones placed so as to rest a kettle on. Captain Beechey says, that had circular stones been on the spot when he landed, he would have noticed them. Their subsequent formation points to the visit of Sir John Franklin's party. On the other hand, if that party made fires either of coal or wood, the remains of the fires, if sought for, would certainly be found. The Esquimaux use oil lamps, which produce much smoke, for cooking, and place stones for the support of their stone kettles, so that unless the encampments had been examined with reference to these points, and to the indications given by the surfaces of the stones as to whether they had been turned within a few years, no very certain deductions can be made, especially as the rings were not so conspicuous as to strike the eye at once. But there is nothing to invalidate the opinion formed on other grounds of the spot affording traces of the discovery ships.

In the examination of the wood and animal matters, I have availed myself of the experience of my assistant, Dr. Clark, in the use of the miscroscope, and beg to inclose a note of some of his observations.

I have the honour to be, Sir,
Your most obedient servant,
JOHN RICHARDSON.

MEMORANDUM OF SOME OF THE MICROSCOPIC OBSERVATIONS MADE ON THE WOOD, AND ANIMAL MATTER OF THE BONES, BROUGHT BY CAPTAIN FORSYTH FROM CAPE RILEY. BY ANDREW CLARK, M.D., ASSISTANT SURGEON.

EXAMINED with the naked eye, the portion of wood submitted to me for examination appeared of a pale ashen-gray colour, contorted, gnarled, and disposed in wavy fibrous fasciculi. It was much shrivelled also. The surface had a shining, almost silvery appearance, and there were other indications of its prolonged subjection to the influence of air and water. It resembled a piece of oak, in fact, after long exposure.

At the suggestion of Sir John Richardson, I made it my first object to determine whether the wood belonged to any indigenous tree.

From the size of the woody fibres (pleurenchyma), and the absence of the so-called "glandular discs," the wood evidently belonged to none of the Coniferæ.

From the birch, the specimen under examination differed in the size of the woody fibres and in the character of the porous vessels or ducts (bothrenchyma). In the birch, the woody fibres are short and spindle-shaped; the porous vessels are larger; one side of many of them is barred or scalariform, and the markings upon them are larger and more regular than in the specimen examined.

From the willow, also, the wood under examination is distinguished by the character of its porous vessels. In the former the vessels are larger; the markings upon them are pretty regularly hexagonal, each hexagonal spot being about 1·1200 of an inch in diameter, and having a central, sometimes double diffractive nuclear spot, which by transmitted light is of a bright yellowish brown colour.

The structure of the wood of the poplar resembles that of the willow, except that the markings on the ducts are larger, being about 1·900 of an inch in diameter, and that there is but one central oblong nuclear spot. The willow also, therefore, differed essentially from the wood in question.

From the oak, which it resembled externally, it was found to differ essentially in its minute structure. In the oak, the porous tissue is more abundant; its transverse diameter is smaller, and the markings upon it not only larger and more irregular in shape and size than, but different in character from, the specimen sent for examination. The markings of the porous ducts in the oak consist of a central yellowish diffractive spot, surrounded by a fine, black, circumferential line. The spot is oblong, and about one-fourth the size of the investing ring.

In the size and character of its woody fibres and porous ducts, the specimen under examination corresponds, almost exactly, with those of the ash. The only perceptible difference between them is in the amount of intra-cellular deposit—that being by far the greatest in the specimen under examination. From that circumstance I infer that the wood has been removed from a tree of considerable age.

I have compared sections of the wood sent with those of various other trees; but, as the results are irrelevant to the object in view, I forbear giving them expression.

From the examinations made, no doubt is left in my mind as to the character of the wood sent for inspection: it is a piece of old ash.

From the disposition of the histological elements of the wood, and from the presence of much refractive matter around the woody fibres, I am disposed to believe that the specimen sent has been removed from the immediate neighbourhood of a knotty excrescence at or near the root of the stem. The position of the knot I infer from the amount of porous tissue present in the specimen, and the disposition of it around the ligneous fibres.

The matter removed from the bones was whitish, had a meliceritious appearance, and was readily melted by the heat of the hand. It contained, along with a very considerable quantity of organic *débris*, three different kinds of fat cells, two of them almost peculiar to the marrow of bones. Associated with these was much fatty granular matter and fatty crystals, the results, doubtless, of the disintegration of the cells. From the presence of this matter in the cancelli of the bones, and from the character it exhibited under the microscope, I infer that it cannot have been many years since the flesh was removed from them. The matter removed from the bones I believe to be marrow, modified in structure and appearance by the influence of the various physical agencies to which it must have been exposed.

ANDREW CLARK.

Museum, Haslar Hospital, Oct. 11, 1850.

MR. FARADAY'S DISCOVERY IN MAGNETISM.—We understand that Mr. Faraday has made another brilliant scientific discovery—no less than that *Oxygen is capable of becoming magnetic*, and that it *then obeys the laws of magnetised Iron*, losing its magnetic property by heat, &c. &c. *No other Gas possesses this property.*

MEDICAL INTELLIGENCE.

REPORT PRESENTED BY THE COMMITTEE OF THE SOUTH-EASTERN BRANCH OF THE PROVINCIAL MEDICAL ASSOCIATION TO THE GENERAL MEETING AT GUILDFORD, AND ADOPTED WITH ONE DISSENTIENT ONLY, AT A SUBSEQUENT SPECIAL GENERAL MEETING AT REIGATE.

THE Committee of the South Eastern Branch of the Provincial Medical and Surgical Association, in presenting their Report to their brother members assembled at this annual meeting, consider that they would be deficient in their duty did they not offer a candid and impartial statement, rendered as concise as possible, of the present state of the public affairs of the profession, more especially as affecting gentlemen engaged in general practice.

Their brother members may be assured, that, at all times, and more especially at the present important crisis, the laws by which medical practitioners are governed are of superior importance to every other consideration, as having a paramount influence, not merely on their political, but as affecting their moral and social as well as their professional welfare.

With respect to the subject of the reform of our medical polity, we might feelingly wish to say—"*would that it were settled!*" but from its vital and incalculable importance, so far as the general practitioner is concerned, we cannot shrink from the consideration of it.

However much we might wish to avoid or evade it, we must all feel that, in the present state of the question, it affects most nearly and deeply all concerned in general practice, as well as the public at large. The obligations and duties which are attached to the subject are therefore imperative upon us.

As members of the commonwealth, as well as members of the medical profession, any system of public measures affecting the profession is as much a question of *personal duty*—as much concerns the conscience of individuals—as the determination of any doubt relating to the conduct of private life.

It has been said, and with much truth as regards individuals, "that every man makes his own place, and finds his own level in the profession and in society,"—and certainly, gifted men endowed with the force of genius, talent, and industry, have, as a necessary consequence, risen to eminence under difficulties; but in legislating for the whole profession, we are bound to conclude that the practical usefulness and elevation of character of the great majority, depend on the laws which regulate the education, preliminary and professional, of every individual candidate for medical practice.

The universal principles, therefore, of medical polity are not idle or fanciful speculations, but truths from which must be educed the educational processes which constitute the characteristics of the accomplished, able, and skilful practitioner—not merely of the favoured *few*, but of all who practice the divine art of healing, whether exercising it in our great metropolis, or large provincial towns, or in remote and thinly peopled districts.

After many and often repeated applications and solicitations almost humiliating, from the various representatives of the general practitioners, the Council of the College of Surgeons have rejected all propositions, and have repudiated the deliberate and solemn engagements of their delegates, to the great disappointment of the other parties to the Conference Committee at the College of Physicians.

After these anxious and hopeless endeavours, therefore, the general practitioners must come to the conclusion of the utter *impossibility* of rendering the College of Surgeons what has been appropriately and emphatically termed their "head and home."

The Society of Apothecaries have deserved well of the profession, and of their country, from the able and efficient manner in which they have carried out the provisions of the Act of 1815. Nothing could surpass the caution, judgment, and ability with which their Court of Examiners have gradually raised their scale of required attainment in candidates, for their certificate of qualification, and for which we are infinitely indebted to them.

Your committee therefore trust that they will firmly adhere to the determination which they have expressed, namely, never to resign their powers under that Act until an incorporation of the general practitioners can be effected, which, as able and enlightened men, they judge to be equal to their wishes and expectations, and all-suffieient to render the future general practitioners fully competent to meet and treat successfully all the extraordinary, as well as ordinary, emergencies of medical and surgical practice.

Under all the circumstances of the present state of the case, your committee do not hesitate to recommend, as of pre-eminent importance and desirableness, the incorporation of the general practitioners in an independent College; which, to the credit of the Council of "The National Institute of Practitioners in Medicine, Surgery, and Midwifery," has been advocated by them with the greatest truth and clearness of argument, a steady perseverance, a calm dignity, and an incomparable temper, for a long course of time; and under many circumstances of difficulty and discouragement, so as richly to deserve the warm approbation of the whole body of general practitioners.

With the same steady perseverance and unflinching courage, these gentlemen will persevere until the accomplishment of a separate college is complete; but, at the same time, they call upon the general practitioners at large to afford them their cordial support in their meritorious exertions, and, throughout the country to co-operate, and with united action, to interest their influential and parliamentary friends in favour of a new and independent college, assured as they must be, that it is the only practicable organization by which their interests, and the interest of the whole population of the country, as respects their health, can be secured.

Your committee, therefore, have no hesitation in submitting for adoption at this meeting, the following propositions, as unquestionable, as well as important, truths.

That medicine, surgery, and midwifery are departments of the same profession, which are inseparable in an educational and scientific point of view—and in the exercise of the profession, they

are equally inseparable for nine-tenths of the practitioners of the healing art.

That the practitioners of the three branches of the profession are the medical advisers, in ordinary, of almost the whole population of the country; whose health, comfort, and well-being depend on the competency and skill of those to whom they look up for counsel and assistance under the various forms of disease which occur.

That every defect in the medical institutions of the country, or any line of policy calculated to retard the progressive improvement of the general practitioners, or to depress the standard of their qualification, or to diminish their scientific and practical attainments, or in any way to lower their status in society, will have the effect of debasing the character of the profession in this country, and is fraught with incalculable direct and consecutive evils to society at large.

That in consequence of the failure of negotiations which have been going on for a great length of time, and the occurrence of recent events, your Committee entirely despairs of being able to obtain any alteration or modification of either of the existing Colleges, so as to acquire the means of securing a complete and scientific medical and surgical education for the general practitioner, and entertains the strongest conviction that the objects of medical reform, so far as respects him, can now be certainly attained only by the establishment of a new College on the representative principle, distinct and different from either of the existing institutions, which shall provide for the education, qualification, and examination of all its future members.

That the accomplishment of such a measure would develope the energies of the medical profession to an extent hitherto unprecedented, and would sustain the usefulness and respectability of its practitioners, in not only promoting the science and art of medicine and surgery, but also as bearing on public health, and sanitary improvement, would be one of the most direct and efficient modes of ameliorating and preventing many physical and social evils which are found to prevail both in town and country.

The establishment, therefore, of a new College of General Practitioners on the representative principle, by royal charter, confirmed by act of parliament, providing an efficient control over the education of members of that class, so that their progressive improvement in preliminary knowledge, in the collateral as well as medical sciences, tested by sufficient examination, would secure the true respectability and usefulness of the great body of practitioners, to whose skill and judgment the limbs and lives of the great mass of the population are confided.

It is with much reluctance your Committee desire to recall the attention of the meeting to several recent leading articles in your journal. The gentlemen who have in other respects so ably conducted the general arrangements of that periodical have, it appears to your Committee, not written their leaders, referring to the question of Medical Reform, with that candour and fairness which the numerous members of the association who differ from them had a right to expect. The result of the opinion of the special branch meetings may warrant the conclusions they come to; yet those opinions, which have been gathered under peculiar circumstances, might have been promulgated in a way less likely to disturb that harmony which it is the object of the association to maintain.

There are three prevalent fallacies which, *à priori*, are so obviously improbable, that your Committee would not have thought of adverting to them, but that they appear to exist in the minds of some general practitioners.

One is, that in the event of the establishment of a new College, they would lose, or would be obliged to lose or relinquish, the title of "Surgeon," which, in the first instance, is manifestly unlikely, and is actually untrue.

The second is, that we entertain a desire to supersede the College of Surgeons, which would not be possible, did we wish it ever so much.

We all acknowledge the advantage of consulting Surgeons, as well as consulting Physicians, and with perfect friendliness and cordiality of good feeling do we view the existence and the prosperity of that as a special College.

May it long enjoy a prosperous career, directed by liberal and generous principles—a high degree of public virtue—an enlightened, and not a low and gross selfishness!

And may its diploma be the reward of merit, and be justly appreciated as being rather difficult, instead of continuing to be too easy, of attainment!

The third is, the fear of a supposed inferiority of the new College. Whereas, a College comprehending the practitioners of all the three branches of the profession, all the sections of the healing art, with high qualifications in every department, must, surely, be as dignified and as elevated in its attributes as any College taking into its study and qualification of membership one section only, and a supposed practical exercise of one division only, of the profession.

With respect to the Benevolent Fund of the Association, its able and indefatigable advocate will not fail to be present on this occasion.

Your Committee, therefore, will be content with recommending it to your kind consideration, and of again submitting the often-repeated suggestion, that the small annual contribution of five shillings from each member would form, altogether, a handsome income.

With regard to the subject of poor-law medical relief, your Committee regret that they cannot announce any progress; and in this matter, perhaps, more than in any other, is the want of a real and effective representation of the wants of the medical profession most keenly felt.

Grievances of a pressing nature, acknowledged by every one who has investigated the subject, weigh upon a large portion, numerically, of medical practitioners; and, although the constituted authorities of the profession express sympathy with their suffering members, no authoritative or energetic remonstrance is offered by them to those branches of government with whom the redress of these grievances should be a matter of duty.

Could such a state of things endure if the interests of the profession were in the hands of an energetic body, sincerely anxious for the good of the great mass of their constituents?

Your Committee have no hesitation in stating that, in their opinion, active and repeated efforts should have been made by the Colleges of Physicians and Surgeons, to obtain for the three thousand poor-law medical officers that justice which is so notoriously denied them.

And your Committee as fully believe that such efforts would have been crowned with success.

In the absence of an authoritative adoption of their cause by the recognised heads of the profession, the Poor-law medical officers have remained disunited; their efforts feeble; their success null; and this great opprobium to a rich, and considering itself an enlightened country, as well as to a profession daily claiming more and more of a scientific character, remains undiminished, with some of its evils even aggravated.

Health of London during the Week.—The return for the week ending last Saturday shows that the deaths registered in the metropolitan districts amounted to 860,—a number, which though it indicates a slight increase of mortality on the previous week, when it was 839, is still less than the weekly average to the extent of 125 deaths; the average being derived from the deaths of ten corresponding weeks in 1840-9, and raised in the ratio of increased population. By means of a comparative statement of the 860 deaths, according to the different ages at which they occurred, it may again be shown, as in the preceding week, that an improved state of health exists among the young, but that the middle-aged part of the population begins to suffer more, while the aged die exactly at the average rate of mortality. It appears that there were:—

	Last Week.	Average of Ten corresponding Weeks (1840-9).
From birth to 15 years	347	445
15 to 60 years	333	288
60 and upwards	168	168

The aggregate result of zymotic or epidemic diseases is still favourable as compared with that of previous years, the deaths in this class having been 198 last week, while the corrected average is 256. The decrease is observed principally in small-pox and measles, five children having died from the former and sixteen from the latter: 38 died of scarlatina, the average of which amounts to 57, but is swelled chiefly by the unusual mortality of the same week in 1848, when the deaths from scarlatina were 147. Diarrhœa continues to decline, though the fatal cases are still rather more numerous than usual at this period of the year. Typhus maintains the increased mortality which was observed in the last return; the victims of fever number 54. Last week, four deaths were recorded from cholera; the following are the cases in detail:—In Cripplegate, at 4, Flying Horse-yard, on the 12th October, a porter, aged 71 years, died of "acute rheumatism (3 weeks) English cholera." In St. James, Bermondsey, at 18, Salisbury-lane, on 18th October, the wife of an engineer, aged 35 years, died of "Asiatic cholera (9 days), fever (6 days)." Mr.

Martin, the Registrar, mentions that "filthy open sewers run before and behind the house." In the Borough-road sub-district, at 1, Montague street, on 17th October, the son of a journeyman farrier, aged 1 year, died of "dentition, diarrhœa (5 weeks), English cholera (1 week)." The medical attendant appends the following note to his certificate: "The patient lived over a stable. Previously I attended two children in the same room, suffering from chicken-pox, and the mother is now ailing." In St. George, Camberwell, at 7, Albany-place, Neate-street, on 13th October, the daughter of an ivory-turner, aged 7 years, died of "malignant cholera (48 hours)." According to informant, the child was in perfect health immediately before the attack, and no cause could be assigned for the fatal illness. Mr. Stevens, the Registrar, adds that "several factories are situated in this locality, from some of which the effluvium is at times very offensive." The births of 748 boys and 754 girls, in all, 1502 children, were registered in the week.

At the Royal Observatory, Greenwich, the mean height of the barometer was above 30 in. on Sunday; the mean of the week was 29·943. The mean temperature of the week was 49°, the same as in the previous week, and nearly equal to the average of the same week in 7 years. But on Sunday and Monday the mean temperature was 7° and 4° respectively below the average of corresponding days, whereas on Friday and Saturday it was about 6° above it. The wind generally blew from the south-west.

The following selections are made from the Registrars' Reports:—In Brompton, at 8, Lloyds'-place, on 14th October, the son of a carman, aged 10 months, died of "chronic bronchitis (7 months)" Mr. Stone, the Registrar, adds, that "informant complained of the noisome smell which, at times, pervade the house, owing to defect in the drainage pipes. The greater part, if not the whole of the houses, composing the row, are subject to the same complaint." In Camden Town sub-district, at 5, Pancras Walk, on 14th October, the son of a labourer, aged 5 weeks, died of "pneumonia (9 days), convulsions (24 hours)." Mr. Holl describes this as "a dirty, poor, and unhealthy locality." Also at 5, Thornley-place, Skinner-street, on 17th October, the son of a plasterer, aged 12 years, died of "typhus (18 days), diarrhœa (5 days)." "This is a narrow court about 8 feet wide, containing 15 houses facing each other, each house having two rooms." Also at 4, Cambridge Crescent, Agar Town, on 18th October, the son of a brickmaker, aged 2 years, "pneumonia (24 hours)." "Small houses badly drained, badly built, and crowded with families; in wet weather most unhealthy." In Bethnal Green, Hackney-road sub-district, at 2, Hepworth-place, on 14th October, a female, fancy box-maker, aged 20 years, died of "diseased heart (4 years), typhus (10 days)." This is described as "a close and crowded court, without drainage." In Whitechapel, Artillery sub-district, at 8, New-court, Christchurch, Spitalfields, on 18th October, the daughter of a general dealer, aged 4 years, died of "scarlatina, cynanche." The place (says Mr. Mason) is crowded and dirty.

The following deaths were also recorded during the last week:—In the Dreadnought hospital ship a seaman, aged 21 years, died from the "African Coast fever (2 months), typhus (1 week)." A pensioner in Greenwich hospital, aged 62 years, "gastro-enteritis (1 week)," an opium-eater; a long time in declining health. The wife of a baker, aged 49 years, died of "epileptic fits, from long standing disease of uterus." The deceased had seven children, and had undergone several operations in child-bearing. A gentleman, aged 77 years, died of "excessive exhaustion from long-continued hæmorrhage from the internal surface of the right superior maxillary bone, which was carious."

University of St. Andrew's.—List of Gentlemen who had the Degree of Doctor of Medicine conferred upon them, 18th October, 1850:—

James Ainsworth, M.R.C.S. Ireland, County Antrim, Ireland; Alfred Thomas Brett, M.R.C.S. England, L.A.C., Surrey; Edward Bishopp Dorman, M.R.C.S. England, L.A.C., Kinsale, Ireland; Augustus Eves, F.R.C.S. England, L.A.C., Cheltenham; John Furse, M.R.C.S. England, L.A.C., Devonshire; Henry Crowhurst Roods, M.R.C.S. England, London; William Henry Woods, A.B., Trin. Coll., Dublin, Dublin.

British Medical Fund.—We are glad to find that meetings of the friends of this Institution are taking place in the provinces. A flattering proof of the support the Society meets with may be found in the following resolution passed at a meeting held on Monday last, at Brighton, where it was resolved, "*That this Meeting approves of the Principles of the British Medical Fund Society, and recommends it to the attention of the medical profession in Brighton.*"

CORRESPONDENCE.

MR. SQUIBB'S CASE.

To the Editor of 'The Institute.'

Sir,—Is not the case recorded by Mr. Squibb, that of an *anencephalous*, rather than of an *acephalous* child?

I beg to refer him and the readers of his case, to Vogel's 'Pathological Anatomy,' pp. 490, 493; and South's 'Translation of Otto's Pathological Anatomy,' pp. 386, 389.

Should any of your subscribers wish to investigate this subject more fully than they can do by the perusal of the two English works I have mentioned, I may refer them to St. Hilaire, 'Histoire des Anomalies de l'Organization,' Meckel, 'Pathologische Anatomie,' Gurlt, 'Lehrbuch der Path. Anat. der Haussäugethiere;' also his article "Monstrum" in the 'Berliner Encyclopæd. Wörterbuch der Med. Wissenschaften,' vol. 24 (we have this work at the Medico-Chirurgical Society); and, if they read Dutch, to Vrolik, 'Handboek der Zicktekundige Ontteedkunde.' D.

G. DRUMMOND, ESQ. AND THE PROMOTER LIFE ASSURANCE OFFICE.

Brighton, Oct. 10th, 1850.

To Mr. Saward,

Sir,—I have received your application for my opinion of Mr. ———'s state of health, but without a fee. The claim of the medical profession is well known to the Insurance Offices, and now admitted by a large number. I therefore content myself with declining to certify, unless a fee is sent by the office. My patient will not be inconvenienced by this, as I can give him a list of thirty or forty offices which do justice to the profession.

I am, sir, your obedient servant,

G. Drummond.

Promoter Life Assurance Office,
London, Oct. 11th, 1850.

To Mr. George Drummond,

Sir,—I have sent a copy of your letter addressed to me yesterday to Mr. ———, and I must leave him to arrange the matter with you. The Directors of this Company have no objection to your being paid for your certificate, if you choose to exact it, but it will not be by them. This Society, as well as nine-tenths of the respectable offices, steadily resists such a demand; and certainly *no threat* of losing business will alter their determination. We consider that every one has a right to require of his medical attendant so slight an act of courtesy, without fee or reward; and that at all events, if the medical man is to be paid, it must be by those who employ him—not by us. And perhaps you will permit me to suggest that this instrument, which some of the members of the profession (the most respectable discountenancing the demand) are endeavouring to play with, is one with two edges; and one much more likely to wound those who try to use it than other parties. For, if a medical man practically announces to his patient that he must expect no single act from him but what he will be paid for, he cannot hope to retain his patient long. Within a few weeks we have been referred to by the medical attendant of a prince of the blood, and also to the medical attendants of several of the nobility, and they made no such demand.

I am, sir, your obedient servant,

M. Saward.

Brighton, 14th Oct., 1850.

To M. Saward, Esq.

Sir,—I beg to acknowledge yours of the 11th instant. Your attempt to show that the claim, if any, for a medical certificate should be made on the patient, rests upon, as I suppose, the assumption that he is the party benefited by the professional opinion; for you cannot deny that the office employs the medical referee. I do not admit the propriety of the assumption, for if a certificate were only considered as a necessary condition of insurance, it must be admitted that insurances are not effected solely for the benefit of the insured, but that they are also (very properly) for the benefit of the office; but when it is considered that medical knowledge may bring to light facts, the development of which would prove the life to be a bad one, surely it will be admitted that the application of such knowledge benefits the office even to the prejudice of the patient.

As you consider that giving answers to the usual queries of the offices is only a "slight act of courtesy," I do not wonder that you dislike to pay for it; but I think that the profession will agree with me, that to answer all the queries of the offices is a greater tax

on professional knowledge and time than the seeing and prescribing for several patients, and therefore, ought to be paid for. The medical profession is not backward in rendering gratuitous services as a matter of charity; but the insurance offices cannot ask it on that plea. The offices give to solicitors and others a liberal commission on every premium paid through their recommendation, and that annually; but a medical man's responsible service is considered only a "slight act of courtesy." The proper course is to require every applicant for insurance, to deposit a fee to be sent with the queries to his medical referee; this would be no more objected to than the charge for duty or stamp, or what some offices call "entrance money." You say that nine-tenths of the respectable offices refuse to pay the fee. The *Lancet*, a week or two ago, gave a list of forty-one offices who pay the fee. At that rate, there must be a vast number of offices, or else a sad preponderance of those not *respectable*. However, I have a notion that your definition of respectability of an office or a professional man will not be accepted, either by the offices or by the profession. I thank you for reminding me that I am using a double-edged instrument; more than twenty years' experience has taught me to use such without fear of cutting my fingers, and has given my patients a better knowledge of me than you seem to possess. With every good feeling towards one who wishes to keep his office *respectable*, I claim the same consideration for myself in differing with you in opinion as to what is really *respectable*, and also for adhering to my determination not to certify without receiving from the office what I consider a just professional claim.

I have the honour to be, Sir, your obedient servant,
G. Drummond.

Promoter Life Office, London,
Oct. 14, 1850.

To Mr. G. Drummond.

Sir,—Mr. —— informs me that he has offered you a fee of a guinea for your certificate, and that you have declined to receive it of him, but suggested that he should transmit it to me (which he has done), and that I should forward it to you. I must decline, however, being a party to such a questionable proceeding. I find from Mr. ——, that your attendance on him has not extended beyond the administration of a few doses of opening medicine, and that you know little about the state of his health; but even if you did, I consider I may with safety dispense with your testimony altogether, after you have displayed so much diplomacy,

I am, Sir,
Your obedient servant,
M. Saward, Sec.

Promoter Life Office, London,
Oct. 15, 1850.

To G. Drummond, Esq.

Sir,—Although I do not anticipate that anything which I can urge will prevent your adhering to your determination not to certify without receiving from the office a fee, yet it is only right that I should just point out to you that the grounds upon which you rest your claim to be paid by the office, are wholly untenable.

1st. You assert that the office employs the medicial referee of the party. That is not true; it is the patient who employs him, not the office. When a person applies to insure his life, he is not accepted as a matter of course, but it is made a *precondition* that he shall supply evidence from his usual medical attendant, and also from a friend who has been long acquainted with him, that his life is a good one; and, he not only guarantees himself that such is the fact, but likewise the truthfulness of his referees' answers. And without such guarantee and such evidence, the life would be declined. The office has, for further protection, a staff of medical officers of its own, and which it pays.

2nd. It is assumed that assurances are effected principally, if not solely, for the benefit of the office—a most absurd fallacy. Is it likely that persons would be found to pay their money to an office if they did not obtain at least an equivalent benefit? And is it not generally admitted that the advantages which life assurance holds out are so great, that every father of a family is chargeable with great folly and imprudence who does not avail himself of them? It is true that the office will, and ought to, profit in the aggregate according to the skill and judgment displayed in the management of the funds committed to its charge; but no one can deny that it does not render more than an equivalent advantage to the assured. I have already said that this office has no earthly objection that the party's own medical referee should be paid a fee for his certificate if he chooses to require it; but then it must be by the party who employs him, not the office; but you, and those who agree with you, shrink from making the demand of the patient yourself, but wish to shift the collection of the fee, and the odium, if any, on the office. To that tortuous course I, for one, object; for I do not see why, if the medical attendant consents to accept his patient's money at all, he should not obtain it directly instead of indirectly. And it follows, from what I have stated, that if the medical referee gives his certificate without a fee, it is an act of courtesy or of charity, whichever he may please to call it, to his patient, and not to the office. I do not wish to enter into a discussion with you with respect to my capability of deciding what is or what is not respectable in the medical profession, or in the assurance world; but perhaps you will allow me to mention the fact that, in all my experience, I have never known a physician, surgeon, or eminent general practitioner, demand a fee for his certificate; and to remind you that, although the *Lancet* advocates the payment of the fee, yet that there is another medical journal, of equal, if not greater pretensions, which takes an opposite view of the case.

I am, Sir, your most obedient servant,
M. Saward, Secretary.

Brighton, 16th October, 1850.

To M. Saward, Esq.

Sir,—I do not expect any benefit from further argument on this subject, for I do not admit what seems to be the foundation of your reasoning—namely, that it is the person proposing to be insured who employs us. In many instances we hear nothing whatever from him on the subject. In some instances you apply to us concerning those who have removed from our neighbourhood, and whom we are not likely ever to hear of again; and in some when the proposal for insurance emanates from, and is for the security of, a third party. But even supposing that it were admitted that the proposer employs us by your agency, we have certainly a right to require from the agent a guarantee for payment, as it is to that agent we deliver our work.

Your second observations would not have been made if you had read my letter correctly. I said that insurances are not effected *solely* for the benefit of those insured, but that they are *also* (and very properly) for the benefit of the office. I did say that the development of facts by medical knowledge, proving the life to be a bad one, benefited the office even to the prejudice of the patient—and who will deny that? I consider the existence of insurance societies a blessing to mankind, and I have availed myself of their benefit to some extent. I nevertheless consider that their usefulness depends much on their security; and I cannot think that those are most to be trusted which are ready to insure lives without medical certificates. You say that you have no objection to our being paid for our certificates by our patients; nor have I any objection to your insuring lives without our certificate. You might get plenty of lives to insure at that rate, for I know some that have been rejected by other offices that would be glad to avail themselves of the easy access to yours.

I remain, Sir, your most obedient servant,
G. Drummond.

THE INSTITUTE.

LONDON, SATURDAY, OCTOBER 26, 1850.

The Council of the College of Surgeons, according to the "latest intelligence," propose to admit every one to the fellowship who has been a member of the College twenty years, on the recommendation of six fellows and the payment of ten guineas! and with a liberality, that they consider is highly commendable, no questions relating to pharmacy will be asked from those who are desirous of becoming fellows on the above terms. They still require that the Council of the College should reside within five miles of the General Post-office, and they are more determined than ever to exclude those who *practise* pharmacy from being eligible for a seat in the Council.

These precious resolutions the Council submitted to Secretary Sir George Grey, in a letter dated April 23rd; and they state, in their letter of the 22nd of July, that "they can discover no reason for changing the opinions which they then expressed, or for making any further alterations in

the constitution of the College, than those proposed in the above communication." In addition, the Council "trust that their proceedings will be, at no distant period, accepted by those of their members who call themselves general practitioners, as the result of a sincere desire for maintaining the efficiency and dignity of the profession of Surgery." We have here, at full length, the vast contributions of the Council towards the cause of Medical Reform, and also their high aspirations that this modicum measure will be gratefully accepted. The members of the College will now be enabled to form a tolerable opinion of what they have to expect from the Council of the College of Surgeons.

It must be apparent to every one, that the Medical Reform question can only be settled by the Government acting without any further consultation with, and quite independent of, the Councils of any of the existing Medical Corporations. They do not represent the bulk of the profession; they are not a fair average of its intelligence; they are perfectly insensible to its wants and requirements; and they have, for the last half century, been the stumbling blocks to all safe and reasonable reforms. The profession without the pale of corporate influence, could easily be brought to an agreement on first principles; and as men of intelligence, desirous of sustaining and upholding their social and professional character, their opinion might, with perfect propriety, be taken in any matter relating to the constitution or efficiency of the Institutions established for the control and government of the Medical Profession. Entertaining these views, and fully impressed with the importance—nay, the absolute necessity—of settling this vexatious and harrassing question, with as little delay as possible, we urge upon our professional brethren to shake off their apathy, and to prepare for a new campaign. We advise them forthwith to call meetings in their respective localities, to bury in oblivion all former animosities and dissentions, to unite cordially for the purpose of arriving at some common understanding on the subject, and ultimately to convey the same to the Government.

Sir George Grey is almost as much convinced as the profession is, that it is perfectly useless to open further negotiations with the Colleges. Every medical reformer, in or out of Parliament, has long since been satisfied of the same thing. Every Medical Reform Bill has been thwarted in its progress, and ultimately defeated or withdrawn, in consequence of the mutual jealousies and distrusts of the medical corporations; and the interests of the public and of the medical profession have been completely set at nought, because it has hitherto been found impossible to frame any legislative measure that they choose to approve of. In the name of common sense, let this state of things be put an end to as speedily as may be after Parliament meets.

BILL FOR THE INCORPORATION OF THE GENERAL PRACTITIONERS.

We fully intended, in our present number, to have returned to the consideration of the proposed Bill for the Incorporation of the General Practitioners into a distinct and independent College: press of matter has prevented us this week from doing justice to this important subject, but we shall examine the Bill in detail in an early number. The probable effect of the reciprocity clauses upon the Metropolitan Schools of Medicine will be fully considered and commented upon.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

XXV.—The Treatment of Purulent Deposits. By Henry Lee, F.R.C.S.—The constitutional treatment of cases, liable to be succeeded by purulent deposits, is most important; for during the healing of the primary wound, the system may be influenced by remedies which may be subsequently quite useless. It is evident, observes M. Cruveilhier,* that the treatment of phlebitis ought to be concentrated on the first period of the disease, viz., that of the coagulation of the blood; for as soon as pus has become mixed with the circulating blood, medicine is generally of no avail. When there are indications of the extension of inflammation along a vein, the mode of treatment usually adopted in this country has been the administration of calomel and opium; and, in France, general bleeding, but especially the application of large numbers of leeches. "We may subdue inflammation of veins, whatever their situation, by general blood-letting, and especially by local bleeding, repeated sufficiently often and in sufficient quantities!"† It is true that patients recover after such treatment; but the published records of cases not unfrequently terminate with such a description as the following: "The patient was repeatedly bled, and with apparent relief every time, the blood being extremely sizy. *Two days, however, previous to death, the vital principle was so exhausted as to need the use of cordials!!*"

At a period when puerperal fever was rife, forty cases attacked with some form of the disease, "were treated without any bleeding or leeching, or without any attempt to induce the constitutional effects of mercury; and of these, only two died."‡ "In irritable habits, when the inflammation becomes more diffused," says Mr. Hunter, "bleeding should be performed with great caution: even a quick, hard pulse, and sizy blood, are not always to be depended upon as sure indications of bleeding being the proper method of the resolution of the inflammation; more must be taken into the account. The kind of blood is of great consequence to be known; for although it should prove sizy, yet if it lies squat in the basin, and is not firm in texture, and if the symptoms at the same time are very violent, bleeding must be performed very sparingly, if at all; for I suspect, that under such a state of blood, if the symptoms continue, bleeding is not the proper mode of treatment. If we had medicines which, when given internally, could be taken into the constitution, and were endowed with a power of making the vessels contract, such, I apprehend would be proper medicines. Bark has certainly this property, and is of singular service, I believe, in every inflammation attended with weakness; and therefore, I conceive, should be oftener given than is commonly done."

In bleeding women suffering from puerperal fever during an epidemic, in which the disease frequently terminated in purulent deposits, I have occasionally seen an irregular transparent bluish layer form upon the surface of the blood, almost immediately after the operation; in consequence of this, a repetition of the bleeding was sometimes had recourse to, when the subsequent stages of the disease appeared to indicate that it had not been required. The transparent layer of lymph on the surface of the blood, may, in such instances, be only an indication of its tendency to separate into its different parts. Large bleedings, under such circumstances, inasmuch as they tend to diminish the already enfeebled power of coagulation in the blood, may predispose to the infection of the system, and to the formation of purulent deposits. The influence of mercury upon the system may have the same tendency.

The action of mercury, so far as it can be traced upon the surface of the body, is certainly unfavourable both to union by the first intention, and to adhesive inflammation; and, inasmuch as the safety of the patient, after an injury or wound, depends upon the due performance of these processes, its effect upon the system must be regarded as of, at least, doubtful advantage.

When salivation has been induced, serum is poured out, and the texture of the gums is loosened and rendered spongy. When lymph is effused upon the iris, the action of mercury loosens its adhesions, and dissolves its connexions; it cannot, therefore, be supposed that its effect upon the system should render the union of divided vessels stronger, or the newly-formed adhesions in wounds, firmer.

The cases in which purulent deposits usually form, indicate a debilitated state of constitution. They are of much more frequent occurrence in large towns than in the country, and in hospital than in private practice. The depressing influences which give rise to erysipelas, or puerperal fever, will also predispose to the formation

* Op. cit. p. 662. † Op. cit. p. 662.
‡ Ferguson (Dr.) On the Diseases of Women. These cases formed one-fifth of the whole number treated.

of these abscesses; and as scanty diet, loss of blood, debilitating surgical operations, and over-crowded rooms, have been found among the causes of the former, so may they be looked upon as favouring the production of the latter.

The treatment of inflammation of the veins, in which purulent deposits frequently originate, is thus spoken of, after matured observation: "All the experience that I have had on the subject would lead me to believe that, like erysipelas, it has its origin in a low asthenic state of the system, and that those persons are especially liable to it, who have been much lowered by hæmorrhage at the time of an operation, or by too scanty a diet afterwards. An operation is a shock upon the system, making a great demand upon the vital powers. The effects of this shock are often much aggravated by loss of blood, and a very scanty diet actually makes the patient more liable to some kinds of inflammation. Our mode of practice ought to be rather to sustain his powers by allowing him wholesome nourishment, and not to add to the influence of the other depressing causes, the still worse one of starvation."*

The lowering influence of mercury may be considered in a similar way. There can be little doubt that while, on the one hand, it favours the absorption of vitiated fluids, it may, on the other, render the system less able to resist the injurious consequences which they produce.

As many circumstances, besides mere debility, tend to depress the vital powers, so tonic medicines and a generous diet must not be looked upon as the only preventive modes of treatment. Each case that occurs in practice may present some peculiarity; in one case, the patient will be found to have previously suffered from diabetes; in another, from disease of the spleen; and in a third, from organic disease of the kidney; and, in each of these, a peculiar mode of treatment may be required.

The general management of this disease, after the formation of purulent deposits has commenced, is probably as little satisfactory as any that come under the notice of the surgeon. The whole character of the affection is characterized by what has been aptly designated as action without power. The excitement of the system will imitate all the acts of genuine inflammation, without any of its healthy results; and loss of energy will appear immediately after, or even arise in conjunction with, the first symptoms of increased action.

In the treatment of such cases, it must be borne in mind, that the secondary inflammations are not the disease, but the effect of a concealed cause, which may develope itself in any part of the system; and that, while the relief of one organ is sought by depletion or mercurial remedies, additional vigour may be given to the latent evil so as to render it more ready to develope itself in some other part.

When purulent deposits occur, the sudden congestions which indicate their commencement, are not accompanied by any reparative actions, and the lymph which is effused in the second stage of their formation, is not so disposed as to circumscribe and limit the inflammation; there is, therefore, no natural process by means of which such collections of fluid can be evacuated; hence, when situated near the surface, they should be opened as soon as they are detected. It will sometimes happen, that after the symptoms of secondary inflammation of internal organs have commenced, an abscess will present itself near the surface of the body, and relief will be afforded to the part first affected; at other times, an obstinate and violent diarrhœa will precede recovery. Although the mode of treatment adopted may have little influence either in bringing on, or checking such salutary actions, it is important to watch their occurrence, and perhaps still more important, to be careful not to mistake a remedial action for a symptom of the disease.

"What treatment," says Cruveilhier, "shall we oppose to purulent infection? To this question experience is as yet dumb, while theory would seem to point to diffusible stimuli and tonics; to ammonia, quinine, and sudorifics; to hot external applications, to the vapour baths, to purgatives, and especially to emetics; to tartarized antimony, in large doses; to vesicatories, and to strong diuretics. Calomel has been extensively employed, to create a fluxion from the intestinal mucous membrane; but all these means have failed as signally in my hands as in those of others; yet, when the injection of putrid matters into the veins of living animals has been followed by abundant and very fetid evacuations, they have usually got well. It is a fundamental fact of pathology, that the intestinal canal is chiefly affected in diseases caused by miasmata. I am certain that diseases resulting from purulent infection would not be stamped with the seal of incurability, and that nature, seconded by art, would triumph in the majority of cases, if the pus, which is incessantly renewed, did not incessantly renew the sources of infection. As soon as constitutional symptoms manifest themselves, neither general nor local bleeding affords any advantage. A portion of the *materies morbi* is, no doubt, abstracted with the blood; but as it is constantly being reproduced, the constitution is only deprived of the power it would otherwise have of resisting the disease."* In accordance with this remark, M. Gaspard found that animals, which recovered after the injection of a certain quantity of pus into their veins, often died when the experiment was repeated. The recovery was usually preceded by black, liquid, and extremely fetid evacuations, which often seemed to afford immediate relief. When such evacuations have taken place in other diseases, the gall-bladder has been found distended with black bile;† and it appears probable that the liver, in these cases, is one of the principal organs through which the cleansing of the system is attempted. If the supply of morbid matter to the system could be checked, mercurial action, in this stage of the disease might be of service, by enabling the liver, or other organs to throw off their vitiated secretions. When patients recover from purulent deposits, they are often left in a debilitated and languid state, in which ordinary tonics exercise little influence. The consequences of the disease appear to hang about the system, long after the cause which gave rise to it has ceased. The pulse will sometimes continue irritable, and there will be a tendency to derangement of the secretions of the skin, bowels, and other organs, accompanied by occasional slight attacks of fever. In this condition, an alterative course of mercury, combined with sarsaparilla, has been found beneficial. These remedies, by stimulating the activity of the excreting organs, may assist the constitution in throwing off the disease; and their mode of action may be the same as in other cases, where the system has been injected by an animal poison.—*On Inflammation of the Veins, &c. Prize Essay by Mr. H. Lee*, p. 65.

XXVI.—Imperforate Vagina and immense distension of the Uterus; Death; Autopsy.—Dr. J. B. S. Jackson exhibited the specimen which he had removed this afternoon, and gave the following account of the case. The patient was a respectable unmarried female, twenty-five years of age, and well developed in regard to the signs of puberty; the catamenia, however, had never appeared, and for this she was for a long while treated in former years. Seven years ago, the physician under whose care she has since been, was called, and found a tumour in the middle of the abdomen, rising some way above the umbilicus, and feeling altogether like a distended uterus; upon each side of this, and extending towards the groins, was an elongated and much smaller tumour. On examination by the rectum, the cavity of the pelvis seemed to be filled by a tumour as large and solid as the fœtal head. The external and internal labia were well formed; but on separating the latter there was found to be a complete closure of the vagina. The lateral tumours since that time have been about stationary, but the central tumour has varied somewhat in size. Meanwhile, the patient had suffered severely from bearing-down and other pains about the pelvis, with considerable dysuria; the general health, however, was tolerably good, her death at last being rather sudden, and connected with some oppression about the chest, the cause of which was not ascertained on dissection. In regard to an operation, which seemed to have been so imperatively required, a consultation was held with two or three professed surgeons when the occlusion was discovered, but the opinions were against it.

On examination after death, the tumours were found as above described, and also the external organs, except that at the seat of the occlusion there were three longitudinal folds, looking not unlike the internal labia on a small scale. The parts having been then removed, the uterus and vagina were found to be immensely distended, and on incision there were discharged three pints of a dark-red, inodorous fluid, resembling venous blood, and without a trace of coagulum. The two cavities are of about equal size, with a very marked contraction midway, corresponding with the os uteri, which, however, is in a good measure effaced. The parietes are about one-third of an inch in thickness, and quite dense; muscular structure of uterus developed, the inner surface being nearly smooth and without any trace of arbor vitæ; vagina less smooth internally, and thickness of parietes as great at the seat of occlusion as at any other part; the whole thickness of the fleshy mass that separates the vagina from the vulva being probably not more than half an inch.

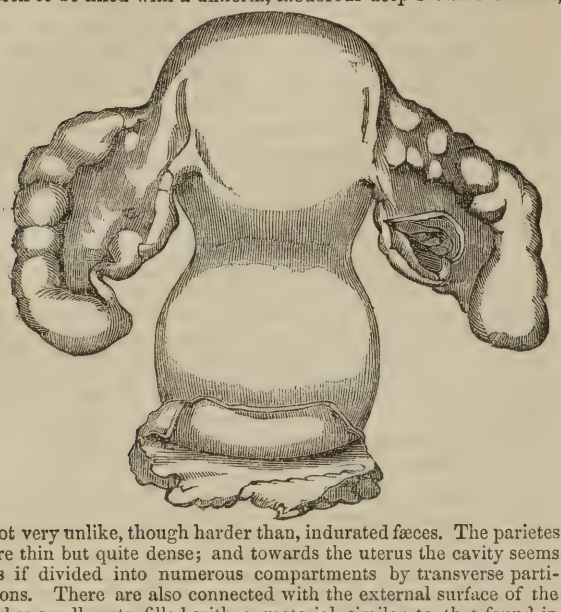
The Fallopian tubes, which formed the lateral tumours felt during life, are distended in proportion to the uterus itself, except

* Brodie (Sir B. C.) Medical Gazette, vol. xxxvii. p. 642.

* Op. cit. p. 662.

† I have observed this condition after injuries of the spine which proved fatal, by causing inflammation of other parts.

at their origin; the openings upon the inside of the uterus, however, being large enough to admit a small probe. The further extremities terminate bluntly, and the general outline of the tubes is irregular and knobbed. Upon cutting one of them open, it is seen to be filled with a uniform, inodorous deep brown substance,



not very unlike, though harder than, indurated fæces. The parietes are thin but quite dense; and towards the uterus the cavity seems as if divided into numerous compartments by transverse partitions. There are also connected with the external surface of the tubes small cysts, filled with a material similar to that found in the tubes; and in the omentum, which adheres partially to the tubes, are found one or two other cysts, besides numerous very small deposits scattered over its surface, and looking not unlike the result of melanosis.

The ovaries are rather large and smooth, and one of them contains a cyst about the size of an almond.

On the following day, the uterus and vagina having been distended and the incision nicely closed, a very accurate and highly finished drawing was made of the parts for the Society, by Dr. J. C. Dalton; and from this the accompanying wood-cut has been taken.—*American Journal of the Medical Sciences.*—p. 27.

XXVII.—On the Therapeutic Action of Conein.—The observations on conein, in which Dr. Julius Nega has been engaged during several years, have led him to regard it as superior, in a remedial point of view, to all other alkaloids. The other preparations of conium (with the exception perhaps of *Tinct. seminum conii*) are objectionable, on account of the volatility of the conein, and the readiness with which this important constituent becomes decomposed. In prescribing any of these, the preference should therefore be given to the seeds, in whose narrow and dense cells the alkaloid is longer retained.

Dr. Nega classifies the actions of conein in the following manner. When given in large doses, it acts on the *cerebral system* by depressing the cerebral excitement induced by sensuous impressions, inducing secondary cerebral anæsthesia, and diminishing the power of the will. Its action on the *spinal system*, even when administered in small doses, is evinced by pain and impaired sensation, ending in motor-paralysis, without any precursory cerebral symptoms. It induces diminished excitement and paralysis of the *ganglionic system*, and affects the organs of circulation, by diminishing the vasomotor innervations, and retarding the action of the heart, even so as to induce asphyxia. The muscular substance of the heart is not, however, directly paralyzed, since the contractions may be kept up for a considerable period by artificial respiration. Conein retards the activity of the *organs of respiration*, and diminishes the excitability of the nerves engaged in the respiratory process. It increases the exosmosis of the external skin, and the endosmosis of the walls of the blood-vessels. The *biliary secretion* is frequently augmented, but never diminished by this agent. The *urine* exhibited no constant changes. Considered generally, conein must be regarded as exercising a sedative, sudorific, and resorbent action, and as capable of allaying pain and spasm. Dr. Nega, in giving conein *internally*, prescribes a solution of one grain in two drachms of fluid, to be taken in doses of four drops, on sugar, five times a day. With great care the dose may be raised to one-tenth of a grain.

The symptoms of approaching narcosis are, great weakness, paralysis of the voluntary muscles, absence of pain and sensibility, *malaise*, retching, intestinal paralysis, palpitation of the heart, vertigo, fainting, and stupor.

When applied externally, one drop of the conein is mixed in one drachm of an alcoholic or aqueous solution, and either rubbed in or laid on the surface. It is not advisable to combine it with fatty matters, as the process of saponification, which is speedily set up, weakens or changes its efficiency.

The readiness with which conein decomposes, renders it expedient that we should not prescribe many doses at once, and that it should be carefully protected from the action of light and air.

Dr. Nega has found that this agent is most successfully applied in hyperæsthesis of the 5th and 10th pairs of cerebral nerves, and in the convulsive or secretory anomalies incident to them, as pain in the ears, teeth, and face, photophobia, and spasmodic action of the eyelids, more especially chronic laryngeal catarrh, spasms of the glottis, chronic, bronchial, and pulmonary catarrh, chronic disease of the lungs, cardiac affections, spinal neuralgia, hypertrophies of the glandular abdominal organs, vesical catarrh, prostatitis, especially orchitis, and painful infiltrations of the glandular organs and of the areolar tissue.

In the first stage of tuberculosis, Dr. Nega employed conein with great benefit; retarding the progress of the disease, and allaying the laryngeal catarrh. When the disease has reached the stage of ulceration, it can only afford temporary relief; but, in *scrophulosis*, as well as in other diseases of the lymphatic and glandular systems, conein, when combined with a proper diet, is of essential service. It would also appear, that it has the power in cancer, of arresting, for a time, the development of the deposition, purifying the ulcers, and allaying pain. Dr. Nega found it of no use in intermittent fever.—*Günsburg Zeitschrift.*

Dr. L. Spengler has observed many cases of photophobia in scrofulous ophthalmia, in which conein proved of essential service. The most striking were those of children from the ages of three to eight years. He employed a solution of 1-16th gr. of conein in ℥vj Aq., of which a table-spoonful was taken three times a day, and continued for some time after the disappearance of the affection. Dr. Spengler wholly dissents from the views that have been advanced of the favourable indication afforded by spasm of the eye-lids; and he is therefore of opinion that it ought to be removed, together with the photophobia, as speedily as possible, in order to admit of the eye being acted upon before the exudation can be organized. He regards the removal of the photophobia as highly important in preventing the formation of specks upon the cornea, and also in arresting the course of the disease. Dr. Spengler concludes his remarks, by observing, that although conein evidently constitutes one of the most efficient remedies in scrofulous photophobia, we are wholly ignorant of the manner in which its action is manifested.—*Neue Zeitung für Med. und Med-Ref.* No. 102, 1849.

XXVIII. Colloid-Cyst of the Thyroid Gland. — A saddler, aged 26, who had enjoyed good health, and had never suffered from any scrofulous affection, observed, seven years since, a swelling of the thyroid gland, which slowly increased in size, without occasioning any pain. Two years ago, iodide of potassium was used internally and externally, when the swelling diminished. The remedy, however, soon ceased to exert any favourable action, and the tumour increased rapidly, occasioning the patient great inconvenience when pursuing his usual occupation, and giving rise to difficult respiration whenever he bent forward. The tumour, which was seated almost immediately in the central line, was nearly as large as the closed fist, uniformly round, tense, smooth, and covered with healthy skin. On handling this soft elastic tumour, a sensation of fluctuation was indistinctly perceived. Percussion occasioned a tremulous movement. The tumour, which was impervious to light, was totally devoid of pain.

All these symptoms indicated the presence of a *struma cystica*, for *struma sarcomatosa* (simple hypertrophy of the glands), for which the tumour might have been mistaken, exhibits greater consistence, with a jagged, granular-feeling surface. Medullary sarcoma of the thyroid, which frequently feels soft and fluctuating, is not only of very rare occurrence, but is characterized by extreme rapidity of growth, distention of the vessels, and pain; nor is it probable that it would form a tumour having a regular, smooth surface. Cystic formations in the thyroid glands vary in form and contents: in some cases we meet with numerous cystic spaces; in others, as in the above instance, there is only one cyst present. The contents are either blood (*apoplexia gland. thyr.*), black pigment in a fluid form, or, more frequently, unchanged, or fluid colloid substance. The latter appears to be deposited within the glandular cells, which are often distended, in large numbers,

and filled with a yellow gelatinous substance, having a more turbid appearance and being browner and more fluid in the larger cysts. This gelatinous mass is occasionally occupied by wart-like bodies, and needle-shaped crystals. The fibrous, shining, white, thick, cystic walls are generally opaque.

Colloid of the thyroid gland differs so much from colloid tumours of the ovary, that the two might be regarded as different affections. Colloid tumours of the ovary are evidently morbid new formations, which constantly increase in size and number, whilst the disease often appears to attain its maximum in the thyroid gland by the secretion in the cells, when the formation of the colloid cysts would seem to be arrested.

In the case of Laugenbeck's patient there was very slight respiratory disturbance while the cyst was of moderate dimensions; but Dr. Laugenbeck records the case of a boy, aged 15, who died of suffocation from the pressure of an equally moderate-sized cyst. The rapid growth of the tumour and the increased disturbance of the respiration, necessitated the removal of the *struma*.

The operations hitherto recorded do not furnish very encouraging results; and it is only in cases of large moveable cysts, threatening suffocation, that the practitioner can be justified in attempting extirpation of the thyroid gland. Very little or no benefit has resulted from tying the thyroid arteries, as has been attempted in aneurismal *struma cystica*. Passing a ligature through the tumour, in order to bring it to a state of suppuration, is attended with a considerable amount of risk, and can only be justified in solid tumours, and where the condition of the patient will not admit of delay. More favourable results have been attained in recent times in *struma cystica*, both by means of ligatures and by opening the cyst by incision and filling it with charpie, as was done by Dieffenbach and Stromeyer. Neither method, however, is wholly devoid of danger, and acute inflammatory symptoms, profuse suppuration, &c., have frequently been observed after the application of a ligature. The cures that have recently been effected in *hydrocele*, by puncture and by the injection of Lugol's solution of iodine, led Laugenbeck to attempt the same method in *hydrocele colli*. An incision was first made with a small scalpel, when eight ounces of a turbid adhesive yellow fluid were voided, which exhibited the character of an albuminous solution when treated with reagents, and contained no cholesterine or epithelium cells. The cyst collapsed completely; and, in order to observe the course of the disease, strips of adhesive plaister were applied, before any injection was employed. On the seventh day fluctuation was again perceived in the cyst, notwithstanding the daily renewal of the compresses, and the application of tincture of iodine to the tumour. Dr. Langenbeck then again punctured the cyst, drew off the fluid, and, introducing a canula, injected Lugol's solution of iodine (iod. ʒiss., iodide of potassium ʒi., aq. dist. ʒi), and after having twice filled the cyst to a moderate degree of tension, and suffered the fluid to remain a few minutes, drew it completely off. The patient experienced no pain during the operation, or after it, and there was no feverish or inflammatory reaction. Two days after the operation fluctuation was again felt, which gave place, on the sixth day, to a slight swelling, having a dough-like feeling. On the twelfth day, this swelling had also disappeared, leaving no trace whatever of the former struma.—*Deutsche Klinik*, 4, 1850.

XXIX. Diseases of the Liver in the Fœtus. *Case* I. *Yellow Atrophy.*—A delicate woman, subject to bronchitis, and several times attacked with clearly-defined pleurisy, was delivered towards the middle of her fifth pregnancy; from that time she continued to cough, and the examination of the chest caused a suspicion of the existence of tubercules on the apex of the two lungs; the father of her husband died of cancer in the liver and stomach. Fœtus five inches and a half in length; liver small, soft, yellowish brown outside and inside. Incisions of this yellow brown substance presented a streaked aspect with a lighter yellow, and with lines resembling flat granulations; the substance of the liver was extremely friable. Nothing particular in the cord, or in the other abdominal viscera.

Cirrhosis of the Liver.—*Case* II.—A thin and weakly woman, in her third pregnancy, was delivered, towards the middle of the ninth month, of a dead fœtus already putrefied. Her second child was also born in this way about the same period of her pregnancy; the first child lived and was healthy; the husband is of a good constitution. This woman felt the regular movements of the fœtus until fifteen days before delivery. Since the middle of her pregnancy, she had always felt ill, and suffered particularly from oppression and dispnœa. Fifteen days before delivery the movements were all at once very violent and then completely ceased. Violent hæmoptysis arose during delivery.

The post-mortem examination was made five hours and a half after the birth. The fœtus, from which the epidermis was detached in shreds, was well nourished. Ossification not advanced; thorax showing nothing irregular; abdomen contained about thirty grains of a sanguineous serosity; the serous membrane of the diaphragm, of the liver, of the spleen, and of the larger portion of the intestines was covered with false membrane, yellow and soft; umbilical cord large; umbilical vein contained several soft clots; liver flabby, shrunk in all its dimensions, particularly in thickness. The whole of the tissue of the liver was covered with an innumerable quantity of yellow streaks, solid and like fibres, forming convolutions, and of different figures. The tissue between these streaks was dark brown, ex-sanguine, without granulations, almost as hard as leather, and received no impression from the finger. Spleen *diffluente* and of a considerable size; kidneys rounded, softened; stomach containing a small quantity of red mucus, very acid; mucous membrane of the stomach and intestines unaltered.

In this case, peritonitis was the cause of death, but the affection of the liver was evidently chronic. This alteration has been already mentioned by other observers, but without being specially described. The importance of studying with the greatest care the pathology of the fœtus, and the influence the diseases with which it may become affected can have on the health of the mother, will be readily understood; since it is only by knowing completely the nature of these lesions, their progress, and the symptoms they occasion in the mother, that we can comprehend with any chance of success, the therapeutic question.—*Nouvelle Encyclographie des Sciences Médicales, July*, 1850, *p.* 240, *by Dr. Friedliber.*

XXX.—The Sumbul. A new Asiatic Remedy of great power against Nervous Disorders, Spasms of the Stomach, Cramp, Hysterical Affections, Paralysis, and Epilepsy. By A. B. Granville.—Sumbul is the Asiatic name of a vegetable drug, hitherto nearly altogether unknown to the medical practitioners of Europe. It is only within the last two years that in some parts of the Continent it has acquired considerable celebrity, in consequence of its ascertained value in the worst stages of Cholera. The physicians of Moscow and St. Petersburg hesitate not to ascribe to its virtues the saving of thousands of lives during the late epidemic.

Description of the Sumbul; its birthplace; its physical characters—The Sumbul is a single, thick, homogeneous root, from two to three and even four inches diameter, circular sections of which, having a yellowish-white fibrous look, and from an inch to an inch and a half in depth, are brought into the Russian drug market at Moscow, through Kiatka, from the centre of Asia.

Bucharia, a district to the north of Mount Thibet and part of the Mongol Empire, is considered by the botanists Ermann and Von Ledebour to be the *habitat* of the plant which furnishes this root. Others, on the contrary, think it the produce of Trebisond, and not a few are inclined to ascribe to Persia the birthplace of the sumbul. The latter individuals are people who deal in drugs.

That some people should have deemed Persia to be the birthplace of the sumbul is not surprising, seeing that the substance is much used in that country as a remedy against mephitic or depressing exhalations, especially in mines. We may equally explain the reason for the other opinion, which gives to Constantinople, Trebisond, or Nidjü-Novgorod, the merit of producing the drug in question. These are places of export for all Asiatic produce, and there the sumbul will ever be found on sale. This constant presence of the drug in those localities has induced drug merchants to imagine it to be one of their products, instead of being an importation.

Moreover, in Persia and in Constantinople the use of perfumes, such as the sumbul possesses in an eminent degree, is in great vogue. Its employment, therefore, in those parts, for the purpose of extracting its perfume, may be very considerable, and would lead to the conclusion that the plant which yields the perfume itself is indigenous.

There is every reason to believe that our root belongs to a plant of the umbelliferous family, probably an aquatic plant, or at least a lover of humid soils and the banks of rivers. When fresh, the root must be very considerable in size, inasmuch as in its dried state and much compressed, it exhibits specimens of the thickness of four inches in diameter. But these specimens vary in form as well as size, some of them assuming the shape of a tuberous, others of a fusiform root, without, however, any of the fibrils which accompany those kinds of roots. I have met with some samples which looked like the root of white hellebore in form; others, again, which had the appearance of being arranged in concentric circles.

Two very striking and remarkable physical characters attract attention when we examine this root—first, its perfume, which

as nearly as possible approaches to that of the purest musk; and next, the powerful aroma it exhales in the mouth when masticated.

This smell of musk is a distinguishing and permanent character in the drug, and readily adheres to the paper or other substance on which it has been laid, or otherwise been put in contact with.

Nor is the taste less remarkable. The first impression is that of a feeble sweetness, but this soon ceases, to be succeeded by another—a balsamic impression on the tongue, followed by a bitterish taste by no means unpleasant. Presently, a sharp aroma, as we proceed with the mastication of the drug, develops itself throughout the mouth and throat, imparting a warm feeling to the mouth and fragrance to the breath. In its flavour, it reminds one of angelica root, which is the substance that most nearly resembles the sumbul in some of its physical characters, though not in energy or medicinal properties.

Chemical and Pharmaceutical Peculiarities of the Sumbul.—According to Dr. Reinsch's analysis, the sumbul root contains, besides water, traces of an ethereal oil, two balsamic ingredients (resins), one of which is soluble in æther, the other in alcohol; also wax, aromatic spirit, and a bitter substance, soluble both in water and alcohol.

The solution of this bitter substance, when treated with lime and muriate of soda, throws down a sediment consisting of gum, starch, and saline matter.

The balsam seems more particularly to be the seat of the musk-like perfume, which comes out stronger and more distinctly by being wetted with water. Dissolved in æther, it resembles in appearance, consistency, and colour, the balsam of copaiva, and possesses a burning aromatic taste, with a faint, musk-like smell, which, however, is more largely developed by agitating the solution in water. By distillation it gives out a clear yellow peppermint-like tasting oil, having a greenish-white tint; in the retort there remains an indigo-blue coloured mass.

In some more recent experiments, Dr. Reinsch obtained from seventeen ounces of the root an ounce and a half of the balsam, from which he extracted ten grains of a crystallizable acid, to which he has given the name of sumbullic acid. There is good ground for considering this acid as analogous to angelic acid, derived from angelica root. By distilling the balsam, the same chemist procured first a yellowish, and secondly a greenish oil. The former, not unlike cajeput oil, has a burning taste, smells pleasant and peculiar, and is volatile and very combustible.

Kalthofer made several experiments also with the sumbul, but more in a pharmaceutical sense. He found the alcoholic tincture to be of a yellowish colour, smelling like musk, and tasting like it, as well as bitter. The ethereal solution is also yellow, tastes sharp on the tongue, with a musk-like perfume. It then leaves behind in the mouth for some time a pungent balsamic taste, like that of the *Imperatoria* plant. By repeated decoction in water, he has observed that the sumbul throws down a precipitate, which has the appearance of wax.

We have the following preparations of the sumbul equally available in medicine at the discretion of the physician:—1. The root itself masticated. 2. Its impalpable powder, taken as such, or in the form of pills. 3. Its infusion in cold water. 4. Its decoction. 5. An aqueous or bitter extract. 6. An alcoholic tincture. 7. An ethereal tincture. 8. A compound tincture. Lastly, an ethereal volatile oil.

Diseases, for the Cure of which the Sumbul has been successfully employed.—The diseases in which this singular drug has been recommended and employed with success are—

1st. What are commonly called nervous disorders.
2ndly. Spasms of the stomach, and cramp.
3rdly. Hysteria, and all the varieties of hysterical affections.
4thly. Chlorosis, amenorrhœa, and dysmenorrhœa.
5thly. Paralysis of the limbs.
6thly. Epilepsy.

In a separate section I shall speak of the power of the sumbul in a much more formidable malady than all the preceding—I mean, collapse-cholera.

It will immediately strike every reader, that the nervous system seems to be the constituent part of the human frame most susceptible of the action of this new remedy; for of the six classes of disorders here enumerated, five concern entirely and distinctly the nerves of our body. This was to be expected, considering the great and diffusible energy of some of the principal constituents of the sumbul, its stimulating qualities, and the fragrance and volatility of its more ethereal principles. It was this last consideration, doubtless, that first suggested its employment in the same complaints for which an analogous remedy, the Angelica root and Imperatoria (*Masterwort*), had been known of old to have been employed with a fair share of success.

Dr. Reinsch states, that in nervous atrophy, its efficacy is undoubted; in low or nervous fevers succeeding typhus, Dr. Tillman and Dr. Richter have employed it for the last three or four years with very marked benefit; while Dr. Martiny, of Darmstadt, has found it beneficial in all those cases of dropsy which depend on impaired nervous orgasm.

I have myself, within the last few months, employed the sumbul, sometimes with one, and sometimes with another of its preparations, with immediate benefit, in cases of severe spasms of the stomach, whether arising from flatulency (the prolific parent of many painful disorders and sensations), or from actual cramp in its muscular coats, dependent on nervous irritation, or what the French call "crispation des nerfs." In the case of an elderly lady, who for many successive weeks had been liable to what she used to call "bursts of wind" in the stomach, waking her up in the middle of the night, the employment of the sumbul, under the form of my own compound ethereal tincture, taken at the moment, with the view to relieve present sufferings, and in the form of powder, as a progressive remedy afterwards, completed the cure in a short time. I have likewise observed an almost instantaneous relief, in an attack of cramp in the stomach, from taking a number of drops of the compound ethereal tincture on a lump or two of sugar. This is the best vehicle, in my opinion, for the extemporaneous administration of this remedy upon any sudden emergency.

But the third class of diseases is the one, in the treatment of which, perhaps, I have found the various preparations of the sumbul most efficacious. One very recent case, indeed, of regular hysteria, attended with what the patient styled *corkscrew* pains in the left region of the uterus and its appendages, which had long baffled the skill of medical attendants, has afforded me an almost miraculous proof of the efficacy of the sumbul in hysterical and uterine affections, as the painful sensations subsided very quickly, and finally gave way, to all appearance altogether, in a comparatively short period.

I have at this moment a case of hysterical pain, or spasm (as the mother of the patient calls it), in a young lady, who bore, for more than a year, a gathering or abscess at the head of the psoas muscle, in the right hip, which an eminent city surgeon had not deemed necessary to open, and which broke of itself after repeated applications of poultices, under my direction, discharging a very large quantity of matter. The extension of the latter down the psoas muscle has probably produced irritation of the pelvic and uterine nerves, and given rise to the hysterical or spasmodic attacks alluded to. I directed a number of drops to be given, two or three times a day, of the tincture of sumbul, and I expect to hear of its having allayed the distressing symptoms. The patient is at that age, when the derangement of another important function would follow these spasms, should not the sumbul succeed in removing them.

This leads me to speak of the complaints enumerated under the fourth class. My own experience, in this respect, is limited to one or two cases; and of course no one else in this country can be quoted as having had any. Accustomed, during many years of obstetrical practice, to view these disorders as not purely nervous, but rather as the effect of congestion and local inflammation, I am not inclined to encourage, still less hastily to employ, diffusible stimuli or energetic excitements, as have been generally recommended in such complaints; but where torpor or manifest atony of the nervous power exists, I should not hesitate to recommend and use any suitable preparation of the remedy now under consideration. In the two cases alluded to, the one occurring to a married lady who had suffered much from dysmenorrhœa, which was evidently the cause of her low standard of health since her marriage, as well as of her having no children, the decoction, administered once a day only, and the compound tincture drops, every night, in a little milk, accomplished a perfect cure of the disease. The other case was one of chlorosis in a pale and puttyish-faced young woman, indolent of habit, highly nervous, fanciful in her appetite, and hardly ever regular. Here I gave the ethereal tincture, as the most appropriate preparation for the complaint, in almost homœopathic doses; and the result promises to be most satisfactory, inasmuch as there has been an evident improvement for the last two months.

Concerning the disease named in the fifth class, and again in epilepsy, I should have much to say, were it not that the object of the present pages is to describe and demonstrate the medicinal virtues of the sumbul, not the nature and intrinsic character of the diseases themselves, against which that remedy has been employed. But as the right employment of the remedy itself requires that we should distinguish the *species*, as it were, of paralysis and epilepsy, to be treated, it is not a matter of choice, but of neces-

sity, that I should distinctly state that we never ought to employ the preparations of sumbul, in either the one or the other, so long as there is any reason for suspecting the continued presence of vascular fulness (congestion), or of inflammation in the cerebellum or any portion of the spinal marrow; the first occurrence of either of which, or of both, was the cause of the original paralytic stroke or of the first epileptic fit.

I am old enough to have seen and conversed, at the Institute of France, with the celebrated Portal (then ninety years of age, and as full of vigour and as clear-headed as if he had been two score years younger), on the nature and treatment of epilepsy, on which subject he had published one of the most complete books, acknowledged, ever since, as a standard work. Portal said:—Almost all the vaunted remedies against epilepsy are calculated to protract, and even to increase, rather than alleviate or cure, the disease; for they all assume that the nervous cords are unstrung, and require to be wound up and stimulated; whereas the real fact is, that the disease continues, or is persisting, because the same state of fulness of the bloodvessels and pressure by them on the cerebral or spinal matter which first occasioned the disease, *are persisting.*

The having lost sight of this doctrine has been the cause of infinite mischief. Hardly any distinction has been made between such a condition of things, in the majority of cases of epilepsy which require local depletion or the abstraction of blood, and that other condition of the disease which demands the use of the most energetic rousers of neurolism. When the latter obtains, the double tincture of sumbul will be found of immense efficacy; but it requires care and management, and perseverance, and it will be found to leave almost all the pre-eulogized heroic anti-epileptic remedies behind. In one case—that of a clergyman, in whom the disease was manifestly spinal, and the attacks of epilepsy (one of which I witnessed, and therefore there can be no mistake about it) were nocturnal and hebdomadal—the *tinctura sumbuli composita*, prepared first by myself, was persevered in for ten or twelve weeks. The result may be summed up in the few words of the patient himself, contained in a letter to me of April last.

"I take the sumbul very regularly. The fits have been very, very slight, hardly anything; they seem to me to be the least part of the complaint, and not sooner on than off."

An unmarried middle-aged lady, whom I had treated with the usual vaunted remedies for cerebellic epilepsy, producing sudden falls forward, with foaming at the mouth, and unconsciousness of any attack having taken place after it was over, took the sumbul in powder. The attacks became less frequent. They afterwards were shorter in duration; and at length appear to have left her. She took altogether five hundred grains of the powder in carefully graduated doses.

I recollect being shown, many years since, a celebrated anti-epileptic powder, of which a Dutch count was supposed to possess the secret, and in which the smell of angelica and musk were predominant. It had in its time a great vogue; and for aught I know, it may still have. Patients used to go from this country to be under the care of this nobleman abroad, for the sake of taking his powder against epileptic fits. Could it have been the *tumbul* that gave the peculiar perfume to the powder? If I recollect right, this Dutch nobleman boasted that his ancestors had obtained the secret in India!

The case of epilepsy, alluded to in a previous page, placed under the care of one of the physicians of King's College Hospital, and quoted in the *Lancet*, is thus reported upon in a memorandum given me by Mr. Savory a few days back:—"J. Webb, locksmith; epilepsy; came into the hospital on 2nd March; has had eight fits in a fortnight. ℞ Tincturæ Sumbuli, ♏ xx., ter die sumend. Has taken it regularly to the present time (May 12). Is now an out-patient. Has had no fits for three weeks."

At that stage of the disease when congestion having spontaneously resolved itself at the expense of the soundness of the cerebral matter, real "palsy of the limbs," or genuine paralysis that is, will supervene, in which such a remedy as the sumbul may become of service, and offer the best chance of recovery.

The preparations of sumbul suited to such cases are the substance itself reduced to impalpable powder, taken daily—increasing the dose cautiously as the case in its progress may require. Occasionally it will be found necessary to add a small quantity of the tincture, or the ethereal solution; but care should be taken not to over-stimulate too much or too suddenly. To be safe in cases of paralysis of the extremities, the effect of the sumbul should develop itself in exactly the reverse ratio of what is observed in the collapse of cholera, in which the salutary effect of the sumbul is always, and must be, quick, or the patient will not recover; whereas in the disease under consideration, the reactionary effect of the sumbul ought never to be quick, or the patient will run the risk of a fresh congestion in the head. Most people know that in cases of total loss of power in the lower extremities, the *nux vomica* has been employed with vaunted success. When so administered, that poisonous substance has restored motion to the limbs, by first producing jerks and subsultus in the muscles, as if galvanized. Precisely the opposite of this obtains when recovery of power in paralyzed limbs is the result of a careful and persevering employment of the sumbul. The power of using them imperceptibly returns without the least convulsive or spasmodic starts in them; and whatever degree of such power is first obtained remains, to be added to by a second degree, due to a perseverance in the sumbul, until, at length, the limbs are restored to their congenital power. With the *nux vomica* such is never the case. The jerks, or fits and starts, of the limbs under the influence of that drug are only transitory marks of returning power, which remains but for a short time, until reproduced by the same influence; yet there is no aggregation of small portions into one large and permanent measure of power.

V. *The Sumbul checks Collapse-Cholera.—Account of the Russian Practice.*—Very able physicians—such as Arendt, Tillmann, Pellican, Rheinfeldt, Avenarius, &c.—whilst watching the very first onset of the disorder, its suddenness of invasion in individuals who had not ailed anything before, and the number of people brought into the hospital out of the streets, where they had dropped down as if struck by a head-blow, had remarked that the suspension of the vital functions partook more of the character of that which is observed in asphyxia, or drowning, and came to the conclusion, that in all such cases (and they have been the most numerous as well as the most formidable in all the epidemics of cholera) the treatment ought to be the same as is used in those emergencies. They accordingly recommend, 1st, a quick restoration of animal heat; 2ndly, an energetic remedy that should put and keep the heart in full action, even to the risk of producing cerebral excitement; 3rdly, bleeding, if, by the two preceding means, such a full reaction should be produced as to give rise to head symptoms. The application of these views in practice I witnessed on the spot myself, and it was followed by success.

Sumbul, said to have in every case led to most surprising results, may be given in substance, but it is more generally employed in the form of decoction or infusion, by spoonfuls frequently administered. Its power, however, in the way of reanimating the dying energies of a collapsed patient, has been found such as to demand great caution, lest it should produce cerebral excitement, and thence a typhoid fever—a consequence that has often been witnessed in the Russian hospitals subsequently to the recovery from the first or more dangerous stage of cholera.

The communication, of which the preceding quotation is an extract, detailed also the new and simple extemporaneous method of applying to a collapsed patient what is called in common parlance a *Russian bath*, which was found to recall animal heat to the surface of the body in a wonderfully quick manner; and it will be a subject of great regret, if, after such an example, the English hospitals do not adopt the identical method, should, unfortunately, the cholera again visit our isles—of which there can be but little or no doubt. The sanitary movement will be crowned with the fullest measure of success, if, when that formidable malady shall have again invaded us, we shall adopt the rational plan of treatment which the Russian bath and the use of the sumbul present to us.

Dr. Reinsch, the distinguished physician and chemist, whose researches I have detailed, thus terminates his observations on that singular substance:

"I would have the physicians speedily to attend to the medicinal virtues of this plant, for from its peculiar odour of musk, and its chemical peculiarities, its resinous principle, and astringent bitter extract, not less than for the remarkable quantity of starch contained in it, and its peculiar organization, we may justly conclude that the sumbul must possess very peculiar properties, likely to operate beneficially on the human frame.—*The Sumbul.*

XXXI.—The Treatment of Palsy.—Homœopathy, [Hydropathy, and a Mistaken Horror of Cupping, the cause of the increased frequency of Sudden Death among the Better Classes of Society. By A. B. Granville, M.D., F.R.S.—Whoever says "Palsy of the limbs," says, possibly without knowing it, congestion of the cerebral mass, principally of the posterior part, foregone or present. I do not admit what is commonly called "weakness" to be the cause of paralyzed limbs; yet it is a fatal error at the present day often committed. Hence the increased and increasing number of cases of paralysis that one meets, and sees, and hears of, even among comparatively young men; and hence, also the increased number of sudden

deaths, which (paradoxical as it may appear) are increasing, while the general mortality is decreasing.

I have been preparing a medical and statistical memoir on the frequency of sudden deaths, with the view to some useful practical result, in which even the most ordinary reader will be astonished to find aggregated, within a comparatively short space of time, the large number of sudden deaths that have taken place among persons of consequence of both sexes, and between the age of forty and seventy; and I shall be able to show that it was from the fatal error of considering paralyzed limbs merely as the token of "weakness," instead of viewing them as shaking masts that have too much top-canvass, and to relieve which some of that canvass must be timely taken in, or the masts will go by the board, and the vessel be wrecked. This increased frequency in the number of sudden deaths among the better classes of society within the last twenty-five years, is truly striking. Among its many causes I reckon homœopathy, or the prolonged use of poisonous substances; hydropathy, or the act of rudely interfering with the natural functions of the heart and brain; also the burning of gas in sleeping apartments, lately introduced; and the mistaken horror of cupping, due to a most dangerous publication, entitled, 'Fallacies of the Faculty.'

Within the last six months, not fewer than eight cases of this pretended "weakness" of the limbs, treated as such, by means of tonics, chalybeates, high living, bitters, wine, &c., and all made much worse by such a method, came under my notice; some in the way of consultation, the rest simply as hearsay cases. In none of them was there any real weakness present; but the palpable necessity, on the contrary, existed for applying to Mr. Mappleson, to relieve the larger veins of the back of the head by the removal of (a small quantity, is the most curative) quantity of blood. Where this was done, the pretended "weakness" of the limbs disappeared; but that was only in two instances; the rest of the sufferers would not hear of such a remedy as cupping, and they accordingly continue in the same state as before; nay, two of them (both gentlemen under fifty years of age), have been gradually deteriorating, until they will arrive at that stage of the disease, when congestion having spontaneously resolved itself at the expense of the soundness of the cerebral matter, "real palsy of the limbs," or genuine paralysis, will supervene.—*The Sumbul, page* 25.

XXXII.—Comparative Value of Cochineal, Fumigations of Lauro-Cerasus, Vegetable Acids, &c., &c., in the Treatment of Hooping Cough.—During the prevalence of hooping cough last spring at Candia (Lomelline), M. le Docteur Pavesi made comparative experiments on the value of some of the proposed modes of treatment for that disease. Out of 122 children, he treated 48 by the ordinary method, 27 by cochineal, 19 by fumigations of lauro-cerasus, 6 by vegetable acids, and 22 by a mixed treatment. Under the name of ordinary treatment, M. Pavesi means the treatment by indications; and, at first, it might be supposed that this treatment was not efficacious, since out of 48 children, 10 died; 6 of cerebral congestion, 2 of hæmoptysis, and 1 from suffocation. But in these 48 cases, there were at least 36 very severe ones, and where the author could not venture to try the medicines upon which he wished to experimentalise. In these severe cases, M. Pavesi found applications of leeches on the chest, and bleeding in the arm, efficacious; but more particularly so, frictions on the chest with tartar-emetic ointment and croton oil, and blisters between the shoulders, kept open for some time. Twenty-seven delicate children were treated exclusively with cochineal. It is known that cochineal is a remedy employed from time immemorial in Scotland, and has been proposed as a specific by M. le Docteur Wachtt, (de Vienne). M. Pavesi gave the following mixture to his little patients. :—

Pr. : Cochineal	. . . . .	50 centigrammes.
Carbonate of Potass	. .	50 „
Powdered sugar	. . . .	30 grammes.
Water	. . . . .	120 „

A spoonful to be taken every two hours. This treatment was employed alone, with the exception of purgatives where there was constipation. The result was satisfactory, not that the disease was arrested, or even shortened; but the paroxysms lost their intensity, and every time the patients did not take their cochineal, they became more frequent and more fatiguing. All were cured. Nineteen patients were treated with fumigations of lauro-cerasus; the greatest number were strong children, and severely afflicted; they were treated as M. Brofferio, the author of this method, recommends. The head of the child was placed some feet above a heated vase, containing two spoonfuls of distilled laurel-water, and making him open his mouth, he breathed the ascending vapour. These fumigations were repeated every two hours. The relief was very quick; the attacks lost their intensity, nearly disappeared during the night, and were less frequent and less fatiguing in the day. The disease was not shortened, and M. Pavesi never found it terminate at the sixteenth or fourteenth day, as M. Brofferio announced, notwithstanding the care he took to remove all the external and internal causes capable of prolonging or aggravating the symptoms. One child alone sunk from hæmoptysis, in a paroxysm of coughing. The vegetable acids were only employed on six patients slightly affected. They were used in the manner recommended by Dr. Schmitt (of Hengersberg), and by Geigel. He gave according to the case, in considerable quantity, tamarinds, acetic acid, lemonade in abundance, the juice of acid apples with sugar, and syrup of barberries. The success was rather doubtful and the disease still lasted six weeks. The mixed treatment was adopted in those cases where the prolongation and complication of the disease rendered a trial of different methods necessary, and the author consequently lost more patients (8 out of 22). In recapitulation, the question of the specific use of cochineal is not entirely resolved, at least as to the methods employed by M. Pavesi; and it is surprising that he did not use belladonna, the efficacy of which is, at least, as well established as any of the means he tried. At the same time, cochineal and fumigation of lauro-cerasus appear to us feasible remedies, and their simplicity facilitates their use in many cases where more active remedies could not be employed. —*Nouvelle Encyclographie, July*, 1850, p. 234, *from the Giornale del'Academia Medico-Chirurgica di Torino.*

XXXIII.—On Section of the Tendo Achillis, in some cases of Fracture of the Bones of the Leg. By Campbell de Morgan, Surgeon to the Middlesex Hospital.—The subcutaneous division of tendons for the removal of difficulties which sometimes occur in the treatment of fractures, especially of the bones of the leg, is an operation which has not met with much attention in this country, though in some cases it appears to have been successfully put in practice on the Continent.

In Germany, M. Dieffenbach is reported to have often had recourse to the division of the ligament of the patella, or of the quadriceps muscle, in cases of ununited fracture, or fracture with wide separation of the broken portions of the patella; and to the division of the triceps brachii in fracture of the olecranon under similar circumstances. The conditions which would render such operations justifiable must be extremely rare. In France, the operation, to which the cases in this paper refer, was first performed by M. Meynier. A severe fracture of the tibia and fibula had been followed by violent spasm in the muscles of the leg; suppuration had taken place, and portions of the tibialis anticus, extensor communis digitorum, and extensor proprius pollicis had been destroyed. The ends of the bones were exposed and protruding, and the inferior portions were drawn behind, and formed an angle with the upper, owing to the continued spasm of the muscles of the calf. After frequent and vain attempts to bring the bones to their place, the question was raised, whether the protruding end should be sawn off, or amputation be performed. Before resorting to either of these operations, however, the idea occurred to M. Meynier of dividing the tendo achillis. This was done, and the result was immediate and almost complete success.

M. Berard, in a discussion in the Académie de Médicine, on the proper mode of treating compound fracture at the malleoli, stated that he had, in such a case, succeeded in reducing the fractured bones, by dividing the tendo achillis, and suggested the propriety of adopting this proceeding, and of thereby, if possible, preventing the necessity of removing the ends of the bones, or of amputating the limb.

Malgaigne, also, in his recent work on fractures, mentions that M. Langier divided the tendo achillis, as a means of reduction in a case of oblique fracture of the tibia; but that suppuration took place, and death ensued.

So far as I have been able to ascertain, the following are the only cases in which the operation has been adopted in this country in the treatment of fractures of the bones of the leg, and the results have been such as to induce me to lay them before the Society.

My colleague, Mr. Shaw, has kindly furnished me with a report of the first case.

William Sutters, at 40, was admitted into the Middlesex Hospital, on the night of February, 12th, 1847, having just fallen down stairs, while intoxicated, and broken the bones of his leg. The fracture was found to extend through both the malleoli, and there was great distortion at the ankle-joint, owing to the foot

being twisted to the outside. It was not difficult to restore the foot to its proper position, but as soon as that was done, violent spasm came on, and it was displaced as before. Numerous attempts were made to overcome the distortion, by applying splints of different kinds, and placing the limb in various positions, but the patient was so restless from being drunk, and the spasms so severe, that none of them were successful.

Mr. Shaw saw the patient early on the following morning ; the foot was then drawn to a remarkable extent to the outside of the lower part of the leg, and it was, at the same time, twisted so that its outer edge was turned upwards, and the sole directed obliquely outwards; it was also placed somewhat backwards, and the lower head of the tibia had the integuments stretched so tightly over it, that the borders of the articulating surface and the part where the malleolus internus was wanting, could be distinctly felt.

Previous to attempting reduction, the patient was directed to bend the knee, but it was found that any slight movement brought on a violent fit of spasm; and these were not confined to the muscles of the foot and ankle, but they extended to those of the thigh, which became so rigid that he was unable to bend the knee. On grasping the foot and keeping up extension, the muscles would be quiescent for a short time, so as to allow reduction to be effected ; but presently the spasm would come on with violence, and with a quivering motion, which, owing to the patient being muscular and the integuments thin, could be seen as well as felt ; the muscles would forcibly drag the foot into its former position, making him cry out with the pain. During the continuance of the spasm, the skin over the inner edge of the tibia, where the malleolus was broken off, was drawn so tense that it was in danger of being pierced by the bone ; and the tendo achillis became so tight that it was like the string of a bow. Attempts were renewed to secure the foot in a proper position, but these proved as unsuccessful as those made during the night. With the view, therefore, of getting rid of the violent action of the powerful muscles of the calf, Mr. Shaw resolved to divide the tendo achillis, which was accordingly done by subcutaneous incision, in the usual manner. After that all the difficulties entirely ceased; the foot was secured in its place by a back metal splint, passing from the sole, behind the calf and thigh, and with side splints along the leg ; and there was no return of the spasm.

April. No further trouble was met with in the treatment. The patient has been walking on crutches for some weeks, with his ankle secured in starch bandages.

May 7th. He was discharged last month. The ankle is still stiff. No pit or irregularity is to be felt in the tendo achillis where it was divided.

The success which attended the division of the tendon in Mr. Shaw's case, induced me to repeat it under the following circumstances :—

Mary King, æt. 66, a Billingsgate fish-woman, of drunken habits and broken-down constitution, was admitted into the Middlesex Hospital, March 25th, 1849, under my care. She had been knocked down by a cab; the tibia and fibula were found to be broken a little above the ankle. The fracture of the tibia was very oblique, the upper end overlapping the lower, and the lower part being drawn backwards, so that the two portions formed an angle with one another. The integuments were uninjured. With some difficulty the leg was placed in a proper position, and it was put up in an iron back splint with side pieces. The woman was very restless, throwing herself about incessantly, complaining of the pain in her leg, which was affected with continually recurring spasms of all the muscles of the ankle and foot, extensors as well as flexors, by which the foot was soon displaced to as great an extent as at first. The bowels were freely acted on ; opiates and anti-spasmodics largely given, but with no effect. Change of position was then tried; the limb was laid on its outer side, with the knee bent, and the bones were again brought into good position. But the spasms immediately returned, and the displacement and the suffering were soon as great as before. No adaptation of splints, nor any change of position seemed to produce the slightest benefit. The pain she endured was very severe ; the restlessness, continual : she could get but little sleep, and that by snatches, between the more violent attacks of spasm. The skin was now becoming tight and painful over the projecting part of the tibia. I determined to divide the tendo achillis, in the hope that the spasm would cease in the anterior muscles when the antagonism of the muscles of the calf was removed. This was done on the 3rd April, nine days after the accident. The leg was at the time, lying on the side. She did not know what was being done, but no sooner did the tendon give way than she cried out, "Oh, thank you, sir, you have given me such ease !" and, in fact, from this time, all trouble ceased. The spasms never returned, and she remained free from pain. There was some little disposition to the falling back of the foot, but this was readily controlled by the application of an ordinary back splint.

On the 28th April, the chasm left after the division of the tendon, which had been very great, had disappeared. There was a want of disposition to union in the broken bones. Still, about the middle of May, she was able to walk on crutches. The foot was free from deformity, save from some thickening around the fractured ends of the bones. She was kept for some time longer in the hospital, that the case might be watched, and went out in June, being able to walk without crutch or stick, and with a good use of the ankle.*

There can be no question as to the two-fold benefit derived in these cases from this simple operation, which while it rarely fails in effecting the object for which it is performed, is not often attended with injurious consequences. The first and most important benefit was the immediate cessation of all opposition to the replacement of the fractured bones, and to their retention in their proper positions. After the division of the tendon, the simple and ordinary apparatus was sufficient for this purpose; whereas all the means adopted before had induced spasm, and only increased the evil they were intended to remedy. The relief given to the sufferings of the patients was, however, not less immediate, and was hardly less important. The pain and the restlessness, which before had been constant, at once subsided ; and the spasm which took place, not in the muscles of the calf only, but in all the muscles of the leg—and in Mr. Shaw's case, in those of the thigh also—were at once allayed. Nor did they, in either instance, return during the remainder of the treatment.

The cases of fracture of the tibia and fibula in which the surgeon fails, by ordinary treatment, to remove or obviate the difficulties incidental to such injuries, and in which, therefore, this operation might naturally suggest itself, are not of ordinary occurrence. But it may still be a question whether the division of the tendo achillis, or of other tendons, might not be advisable. The present state of our knowledge with regard to the results of tenotomy in general, is, perhaps, not sufficiently exact to justify a recommendation of the operation in such cases. As a means of relieving spasm consequent upon local injury, the operation has been too rarely performed to allow of any conclusion upon the subject. If, however, it should be found that results as satisfactory as were obtained in the cases now brought forward might be calculated upon in those of less severity, but in which the means used by the surgeon were counteracted, or prolonged pain or restlessness were present in consequence of spasmodic contraction of the muscles, this operation would prove a valuable adjunct to the ordinary treatment.

Although not bearing directly upon the question of tenotomy as applicable to the treatment of fracture, yet it may not be altogether out of place to refer to the proposal by M. Bonnet, of having recourse to the operation in certain cases of diseased ankle-joint. After remarking on the advantage of maintaining inflamed joints in a natural position, and on the tendency to elevation of the heel in disease of the ankle-joint, M. Bonnet adds:

"L'innocuité de la section du tendon d'Achille, et la promptitude du redressement qui peut en être la suite, lorsque la rétraction de ce tendon contribue à l'élévation du talon, doivent engager à recourir à cette section de préférence à des moyens plus compliqués. Plusieurs fois je l'ai faite dans le but de redresser le pied étendu dans une maladie de l'articulation tibio-tarsienne; j'ai en lieu de me louer de cette pratique qui a permis d'atteindre promptement le but physique que j'avais en vue."—*Medico Chirurgical Transactions, Vol.* xxxiii.

XXXIV.—Effects of the Introduction of vitiated Fluids into the Blood.—I have endeavoured to show that, where lymph is effused round a poisoned wound, the virus will find its way less easily along the absorbent vessels, than when no such effusion has taken place; and that when, in such a wound, the effusion of lymph is checked or prevented, as by the administration of mercury, a larger proportion of cases will indicate an affection of the lymphatic system, than when the natural process has not been interfered with. There can be little doubt, that the same principle may be observed with regard to ordinary wounds. The number of cases in which the absorbents inflame, will be in inverse proportion to the number of those in which the original wounds are circumscribed by healthy adhesive inflammation. It has been mentioned, that the surface of a muscle, implicated in the original lesion, was as cleanly dissected as if

* Note by the Author, May 10, 1850.—This woman is again under my care in the Hospital. Three months and a half before her admission, she dislocated her shoulder. Reduction was effected under the influence of chloroform, and she has now a good use of the joint. There is not the slightest weakness of the ankle, and she can use one leg as well as the other.

done with a scalpel, thus showing the total absence of any surrounding effusion of lymph. The absence of, or defect in, the process of adhesion, may thus be associated with inflammation of the absorbents, as the want of "union by first intention" has been shown to be connected with inflammation of the veins.

The minuteness of the absorbent vessels, and the changes which their contents undergo in their glands, prevent any unhealthy fluids from being as readily recognised in them as in the veins. But when the progress of inflammation can be traced along these vessels from a wound, towards the centre of the circulation, marked, as it often is, at intervals, by the formation of abscesses, we cannot doubt that an irritating fluid has found its way along their canals; and when the constitutional symptoms, which arise at the same time, terminate in the formation of purulent deposits, we cannot but admit that the absorbent vessels are the direct means by which, in such cases, diseased secretions are poured into the blood, and the system becomes infected. It would, therefore, appear that there are two principal conditions, under which local disease may produce a general infection of the system by the direct introduction of vitiated fluids into the blood. The first of these is connected with defective union in injured veins; the second is associated with want of healthy adhesion in inflamed lymphatics.—*On Inflammation of the Veins, &c., by Henry Lee, F.R.C.S.*, p. 47.

BOOKS RECEIVED.

On Excision of the Enlarged Tonsil, and its Consequences in Cases of Deafness, with Remarks on Diseases of the Throat. By WILLIAM HARVEY, M.R.C.S. Renshaw, 356, Strand.

The Morbid Emotions of Women; their Origin, Tendencies, and Treatment. By WALTER JOHNSON, M.B. Simpkin, Marshall, and Co.

Hand-Book of Anatomy for Students of the Fine Arts, with illustrations on wood. By J. A. WHEELER. Samuel Highley, 32, Fleet Street.

Atalektasis Pulmonium; or Closure of the Air-cells of the Lungs in Children. By GEORGE A. REES, M.D. S. Highley, 32, Fleet Street.

The Anatomical Remembrancer, or, Complete Pocket Anatomist. Containing a concise description of the bones, ligaments, muscles, and viscera; the distribution of the nerves, blood-vessels, and absorbents; the arrangement of the several fasciæ; the organs of generation in the male and female; and the organs of the senses. S. Highley, 32, Fleet Street.

Holden's Manual of Dissection, part 3.

Hydrocephalus re-considered, and its relations to inflammation and irritation of the brain defined; with cases from hospital and private practice, in exemplification of its pathology, prevention, and successful treatment. By THOMAS WEEDON COOKE, M.R.C.S. S. Highley, 32, Fleet Street.

Medico-Chirurgical Transactions, vol. xxxiii. Longman & Co., Paternoster Row.

TO CORRESPONDENTS.

Mr. HARRIS's complimentary letter is received with thanks. His premised assistance will be acceptable.

A SUBSCRIBER writes as follows:—"The College of Physicians ought of course to exist for the benefit of the public; it ought to secure a succession of practitioners in physic suited to the wants of every class of the community; and it ought to be the only fountain of authority in physic. Is it so? It is not! It has grossly neglected its duty, and left it to a body of traders in drugs to assume its office. This state of things the country should no longer tolerate; and if the College of Physicians will not do its duty, should take away its charter and grant a new one, which would compel it to be the head of all practitioners in physic."

Communications have also been received from Mr. EBSWORTH, of Bulwell, Notts; Mr. SLOMAN, of Faversham; Mr. DANIELL, Newport Pagnell; Mr. FORMAN, Teignmouth; Mr. John R. M. SMITH, Brighton; Mr. PARKER, Woburn; Mr. ROBERT HARDEY, Hull; Mr. POILE, Bishopsgate-street; Mr. CURTIS, Great Marlow; Mr. WILLIAMS, Holywell; Mr. SPENCE, Bedale; Mr. COLLINS, Wanstead; Mr. CANBRELL, Wirksworth; Mr. PRANKERD, Langport; Mr. BEDINGFIELD, Lougueville-house; Mr. GREEN, Peckham; Mr. DRUMMOND, Brighton, &c. &c. &c.

DISPUTED LIFE POLICIES—"A trial of considerable interest to Life Assurance Offices and the Public was concluded yesterday in the Court of Exchequer. The Eagle Company held a policy for an assurance of £539 in the Albion Company as security for an advance, the payment of which policy was now disputed by the Albion, on the ground that at the time it was effected the fact of the assured party having been a man of intemperate habits was concealed from the office. The chief evidence turned upon the question as to the degree of intemperance that had been exhibited, and the result was that a verdict was given against the resisting office, not only for the amount of the policy, but also for £40 interest from the date when it became due. The circumstance of the action being brought by one office against another presents a striking illustration of the uncertainty which may attach to all policies under the present system, and shows that the only mode by which absolute security can be obtained by the public, must lie in the general adoption by Assurance Offices of the plan of protecting themselves in every case by due inquiries before the granting of each policy, and of afterwards assuming the full responsibility of the completeness of such inquiries, by holding themselves precluded from raising any future question. In the present case two offices are found to be diametrically opposed in their opinions as to what can properly invalidate a claim, and yet the public are expected to be able to guard themselves against such contingencies. Similar cases have occurred before, and even if they were more rare, they would seriously injure the progress of life assurance. The very principle upon which the business is founded is the removal of uncertainty, and whenever that principle is counteracted in the slightest degree, the people who would be the first to resort to its advantages are the first to be deterred."—*Times*, July 11th, 1850.

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REGULATIONS

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SENATUS ACADEMICUS,

RESPECTING THE

PROFESSIONAL EDUCATION

OF

CANDIDATES

FOR THE

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I.—Every Candidate for a Diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—

1. Of unexceptionable moral character;
2. Of having had a liberal and classical education;
3. Of having completed the twenty-first year of his age.

II.—Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Royal College of Physicians of London, of the Faculty of Physicians and Surgeons of Glasgow, and of the London Apothecaries' Company, are eligible as Candidates for the degree of Doctor of Medicine, on producing their Diploma or License.

III.—Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended Lectures delivered by Professors in some University, or by Fellows of the Royal College of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or three winter and three summer sessions, in the following branches:—

1. Anatomy	Two Courses of six months each.
2. Practical Anatomy or Dissections	Twelve months.
3. Physiology	One Course of six months.
4. Chemistry	One do. do.
5. Practical Chemistry	One do. of three months.
6. Materia Medica and Pharmacy	One do. do.
7. Midwifery, and Diseases of Women and Children	One do. do.
8. Surgery	One do. of six months.
9. Clinical Surgery	One do. do.
10. Practice of Medicine	One do. do.
11. Clinical Medicine	One do. do.

And that they have diligently attended, for at least two entire years, the Physician's practice in some General Hospital in Great Britain or Ireland, containing at least one hundred beds, and having a regular establishment of Physicians as well as Surgeons.

The Examiners for Degrees in Medicine are:—

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The examinations take place twice a-year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods, by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination extends over two days, and is conducted partly in writing and partly orally.

On the first day, candidates are required to give a written translation of a passage from a Latin medical author, and are examined in the elements of Chemistry, in Materia Medica, and in Anatomy and Physiology.

On the second day, they are examined in Pathology and the Practice of Medicine, in the Principles of Surgery, and in Midwifery.

The degree is conferred on the following morning by the Rector, in the hall of the public library of the University, and the diplomas are signed by the Principals and Professors of the University.

As the Examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—

Wilson's Elements of Chemistry.

Christison's Dispensatory, or Pereira's Materia Medica (especially the sections treating of the mode of action, uses, and administration of medicines), and the London, Edinburgh, or Dublin Pharmacopœia.

Quain's Elements of Anatomy, 5th ed.

Carpenter's Principles of Human Physiology.

Watson's Lectures on the Principles and Practice of Physic; Williams' Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill, on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

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The Council, in thus calling attention to the principles advocated by the National Institute, cannot refrain from expressing a belief that the present unsatisfactory state of the Profession, and the evils by which it is surrounded, are in a great measure to be attributed to the Medical Institutions of the country, being incompatible with the welfare and social interests of the Profession, and the scientific principles upon which the practice of Medicine ought to be based.

The Council of the Institute have been long sensible of the evils alluded to; and being confident that they are daily increasing, and that the Profession is now suffering, more than at any former period, from the inconsistent and anomalous state of the laws by which it is governed, have, with the view to remedy the grievances complained of, presented to the House of Commons, through James Wyld, Esq., and Colonel Thompson, a Bill for the Independent Incorporation of the General Practitioners, and to which the attention of the Profession is now specially directed. The Council of the National Institute trust that their professional brethren, in discussing the question of Medical Reform, will not allow petty considerations to interfere with a liberal and comprehensive view of the subject; but that they will be convinced of the necessity of acting upon the principle of reciprocity in any attempt that may be made to effect a satisfactory re-organization of the Profession, the propriety of which is evidenced in the letter of Sir George Grey to the Council of the College of Surgeons, dated June 12th, 1850.

That as the introduction of the Bill into Parliament, and the means necessary to be adopted by the Council to facilitate its future progress, will be attended with considerable expense, the Council hope that all who advocate the Incorporation of the General Practitioners will contribute in aid of the object contemplated.

By order of the Council,
HERBERT WILLIAMS, Secretary, *pro. tem.*
Office, 4, Hanover-square, Oct. 1st, 1850.

Subscriptions of any amount may be forwarded by post-office orders or otherwise, either to Edward Tegart, Esq., or John Dodd, Esq., Treasurers, or if by post-office order, made payable at the post-office, Old Cavendish-street.

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A JOURNAL OF MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE AND PRACTICE, AND PHILOSOPHICAL GAZETTE.

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THE INSTITUTE is established by a Proprietary, for the purpose of promoting the *Science* and *Practice of Medicine* on the principle of the Scientific, Educational and Practical UNITY of all its branches. Its objects are:—

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2. To furnish the profession generally throughout the country with the pages of a journal at their command for the purpose of recording and discussing facts and principles the result of observation and experience, and for that interchange of opinion which has been found so conducive to the advancement of Medical as of all other learning.

3. To provide that numerous and highly important section of the profession who practise Medicine, Surgery and Midwifery as one science, as also those individuals who, although practising particular branches, still admit the unity of medical science, with a journal which may be depended upon for a truthful reprint or a faithful account of all proceedings in parliament or elsewhere, and of all documents, whencesoever they may issue, affecting the interests of Medicine; and to furnish a clear, deliberate, and impartial statement and commentary on every step that may be taken, or measure that may be proposed, with or without authority, for a change in the Medical Institutions or the Medical Polity of the United Kingdom.

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I. As medicine is legitimately practised on the basis of its unity as a science, every attempt to discourage the full and complete operation of this principle, or to disparage and injure those practitioners of the healing art who practise generally, ought to be exposed and counteracted.

II. The exposure and discouragement, by all practical means, of illegal, unqualified, and empirical practice, and the employment of every effort to obtain an efficient penal enactment against unqualified and illegal practitioners.

III. The necessity of a high standard of education and qualification, with sufficient tests, by full, fair, and complete public examinations of every individual, to be authorized by law to practice Medicine, Surgery, and Midwifery.

IV. Reciprocity of practice, based upon a uniformly high standard of qualification, for all the members of the profession of the United Kingdom.

V. The policy and absolute necessity of granting to the General Practitioners of this country, CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

VI. The propriety of merging the *present* class of Apothecaries into the general professional body, with equal rights and privileges; and, under a *new* system, to provide that every future medical practitioner be completely educated in the principles of MEDICINE in the most comprehensive sense, comprising the principles of *Medicine*, *Surgery*, and *Midwifery*.

VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity for a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

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WILLIAM PYPER, LL.D., Professor of Latin.
ANDREW ANDERSON, M.D., Professor of Medicine in the Andersonian University, Glasgow.

The examinations take place twice a-year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods, by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination extends over two days, and is conducted partly in writing and partly orally.

On the first day, candidates are required to give a written translation of a passage from a Latin medical author, and are examined in the elements of Chemistry, in Materia Medica, and in Anatomy and Physiology.

On the second day, they are examined in Pathology and the Practice of Medicine, in the Principles of Surgery, and in Midwifery.

The degree is conferred on the following morning by the Rector, in the hall of the public library of the University, and the diplomas are signed by the Principals and Professors of the University.

As the Examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—

Wilson's Elements of Chemistry.

Christison's Dispensatory, or Pereira's Materia Medica (especially the sections treating of the mode of action, uses, and administration of medicines), and the London, Edinburgh, or Dublin Pharmacopœia.

Quain's Elements of Anatomy, 5th ed.

Carpenter's Principles of Human Physiology.

Watson's Lectures on the Principles and Practice of Physic; Williams' Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill, on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

JAMES M'BEAN, A.M., Secretary.

WSPAPER

ORIGINAL COMMUNICATIONS.

ON CASES OF FATAL BLOW ON THE PIT OF THE STOMACH.

By PETER J. MARTIN, Esq.

Amongst the reminiscences of my early practice, I find two cases illustrative, as I think, of the manner in which violent blows on the pit of the stomach are sometimes suddenly mortal, and always very distressing.

I am not sufficiently *au courant* with what is now taught in the schools, or with the opinions prevalent now-a-days, amongst practical men, of the precise nature of such accidents. It used to be thought, and taught, that the organ which suffered the fatal injury, in such cases, was the stomach; but it remains unexplained, how the effects of a concussion or contusion of that viscus could be so suddenly conveyed to the vascular or sensorial centres, as to produce immediate and perhaps fatal asphyxia. It is probable that some modification of the ancient theory of the fatality of such cases may be now prevalent; but as it seldom happens that accidents of this sort occur, without some complications that render the diagnosis obscure, and their rationale doubtful, it may not be uninteresting to the readers of 'The Institute,' to call their attention to the subject, if it were only as matter of curiosity.

It has always appeared to me rather irrational to suppose that the stomach, a hollow viscus, endowed, to be sure, with great sensibilities for its own particular purposes, and with a great share of nervous expansion, but surrounded by yielding and compressible parts, could in any conceivable state of that organ receive and transmit to the heart and brain, such an influence from external violence as would be immediately productive of sensorial paralysis, and, perhaps, of fatal asphyxia. My attention has been recalled to the subject, by the recent occurrence of the case of a boy who was kicked by a horse on the pit of the stomach; suffered a train of painful and dangerous symptoms; but eventually recovered. I was told that he was insensible for a minute or two after the blow; but of this (as another and lesser boy only was spectator) I am doubtful; but he vomited some blood, and suffered violent pain for many hours. There was no sign of bruise on the skin, but the patient invariably pointed to the stomach, a little below the scrobiculus cordis, as the seat of the injury, and also of his pain. The belly became very tumid, and the action of the bowels was suspended for many days, with all the other signs of extensive peritoneal inflammation; but eventually the belly subsided, black stools and digested blood were discharged, and the boy recovered. Although it was clear, that in this case there was much contusion, and some laceration of the coats of the stomach, and perhaps of the abdominal peritonæum, there could not have been any solution of continuity of the alimentary canal, either in or below the stomach.

This case, although not highly illustrative of the position I am inclined to maintain, of the immunity of the stomach to the injury of concussions suddenly fatal to life, without the concurrence of injury to another and more important organ—important, I mean, for the immediate maintenance of life—has a sort of negative value, and stands in curious juxta-position with the following.

William Piper, a boy of thirteen years of age, mounted a small pistol-barrel on a short broom-stick, loaded it, and gave it fire, with the but of the handle resting upon the pit of his stomach. The recoil knocked him backward, and he was caught in the arms of one of his companions, "fainting." He continued in "the faint" for several minutes, and it was afterwards discovered that he had, at the same time, emptied both rectum and bladder. I saw him about a quarter of an hour after the accident. He had then recovered his consciousness, but he had no pulse at the wrists, and only a slight fluttering at the heart, and the extremities were cold and bloodless, and he complained of pain at the præcordium. Two hours after, his pulse had returned, but small, weak, and fluttering. Some tea and an opiate were given, but were vomited, though without blood, and the vomiting did not recur at that time. When the reaction was a little better established, a little blood was taken from the arm, and his bowels were moved next day with an aperient. From that time, for the next seven days, nothing particular occurred, though there was still some pain and sensibility at the scrobiculus cordis; rest, and a liquid and mild diet were enjoined, and the boy appeared to be doing well. But the following night I was called to him with the announcement that he was "dead or dying." I found that he had been again asphyxiated, and had had, as at first, an involuntary stool. His pulse was again lost for some time, but returned in a few hours. After the lapse of twenty hours more, vomiting came on, with pain of head and stomach, and an incessant fluttering at the heart, but no pulse again at the wrist, coldness of the extremities, and spasmodic twitchings of the legs. These symptoms, except with abatement of the vomiting, continued two or three days, when it was evident that a pulsating, soft and fluctuating tumor was projecting from under the xiphoid cartilage; it gradually enlarged for two days more, and then suddenly disappeared. As soon as the tumefaction subsided, the action of the heart returned, the pulse returned at the wrist, and the limbs, which were before cold and bloodless, became suddenly injected; dyspnœa, and all the symptoms of violent pleuritic inflammation, with an emphysematous feel of the integuments of the left side of the chest came on, and the patient died in about eight-and-forty hours. During this time it was curious to observe, incidentally, how, on the full resumption of vascular action, the leech-bites and blister-spots, which were for many days open and ulcerated, were suddenly dried up and healed, whilst the fatal pneumonia was in full progress.

A *post mortem examination* was strongly urged on the parents of the boy, but could not be obtained; nevertheless, the history of the case seemed to be sufficiently illustrative of the nature of the morbid changes that ensued. The alarming asphyxia (only just short of death), at the time of the accident, was the effect of the *blow on the heart;* and the train of symptoms which supervened, was the result of local inflammation and abscess, either within the pericardium, or between that membrane and the pleura; which abscess burst into the cavity of the chest, and brought on the fatal pleurisy.

Not long after the occurrence of this case, the following event took place, of which, I am sorry to say, I have lost my notes. But the circumstances are so strongly impressed on my memory, that with the help of some collateral memorandums, I am able to repeat all the material circumstances, and if it were necessary, I could refer to the notes of our excellent coroner, who I am sure would readily recall the incident to mind.

A strong hearty young fellow got up from eating his dinner, and went out to tend his cart-horses. Shortly after, an obscure but alarming sound of scuffle was heard in the stable, and one of the man's fellow-servants went in to see what was the matter. He found the poor fellow lying on the ground behind one of the horses, and he lifted him up, dead.

In those days, the attendance of medical men at inquests did not occur so frequently, or seem so necessary as at present; but as there were no signs of violence about the body, and such slender evidence of the manner of his death, I was requested to open him. It was also, I believe, thought the man might have died in a fit; and moreover, the matter of *deodand* was then of some account.

The inquest was held the day after death; and when the coroner and jury went with me to inspect the body, it was still so warm, and looked so fresh and life-like, in

"This first dark day of nothingness,"

that the coroner called me aside, to ask if I was "sure the man was dead."

I had but little doubt of that matter; however, to insure myself from the fate of Vesalius, I did as Falstaff did to the dead Hotspur—I gave him a good slashing "wound in the thigh;" and, like the other dead hero, he did not resent it.

There was no external mark of injury, except, perhaps, a little redness on the left side over the region of the heart. Within, I found every thing in its normal condition, except fractures of the sixth, seventh, and eighth ribs; without laceration of the pleura, without effusion or ecchymosis about the fracture, and without any apparent lesion of any viscus; the lungs were sound, and the heart natural. Life was so suddenly extinct, that no blood could be effused in the contused parts; and I have no doubt that the heart never pulsated once after the infliction of the injury. The stomach was quite sound, and full of half-digested food.

The opinion I gave to the coroner and jury was—that the blow, however inflicted, which broke the ribs, so paralysed the heart, that the same extinction of life took place as would occur by its transfixion, or any other sudden interruption of its functions by mechanical means.

There could not be the shadow of a doubt that the horse kicked the carter dead, with a single blow; however, as there was no direct evidence of that fact, the verdict did not say so.

I should add, that in giving my evidence, I also said that I believed the full stomach assisted in giving effect to the blow upon

the heart, by occupying space into which that organ might have retreated.

There are trifling accidents, of common occurrence, which have some bearing on the subject in hand. I may be allowed just to revert to them. Every one is acquainted with the painfulness of making a sudden and unexpected step downward, when the muscles of the body are unprepared to resist the effect of the movement; and, in such cases, the sum of the pain seems to correspond with the degree of concussion. I was once witness to an accident of this sort, of some severity. In descending a ladder, a man's feet struck out, about five feet from the ground, and he came down plump on his heels. For a few moments his breathing was suspended; he almost lost consciousness, and when he recovered, he complained of the sense of suffocation and the painful stricture of his chest, and likened it to the effect of a "blow on the stomach." In like manner, a boxer "doubles up" his opponent, or "beats the breath out of his body," by a blow dexterously planted on the pit of the stomach.

In reviewing the subject, I think we have grounds, on strict physiological principles, for correcting the conventional phrase of "the stomach," and for removing it out of the category of organs injured by such concussions as are immediately dangerous to life. The only organs which seem to me to share with the heart in these lesions, or likely to be dangerously disturbed by concussion, independent of actual laceration, are the great ganglionic centres. If blows on the pit of the stomach do not kill by paralyzing the heart, or endanger life by the injury done to that viscus, it must be by infringing violently on the great cœliac or solar plexuses; which violence would be tantamount to a fatal concussion of the brain itself.

P. J. MARTIN.

Pulborough, Oct. 28, 1850.

CASES IN GENERAL PRACTICE.

By G. WEBSTER, M.D., M.R.C.S. Ed.

ON DIPHTHERITIS AND ULCERATED SORE THROAT, INVOLVING THE LARYNX.

Having had the pleasure of hearing an excellent paper on Diphtheritis, or Angina membranacea, read by Dr. Risdon Bennett at the first meeting of the United London and Westminster Medical Society, and my friend, Dr. J. Webster, having referred to some cases which we attended together many years ago, when the disease was unknown, or at least undescribed, and its nature, pathology, and treatment undecided; I have collected my notes of these and some similar cases which occurred in my practice between the years 1824—29, and think they may be interesting to your readers. I have referred to these old cases, chiefly because, during the discussion which took place on Dr. Bennett's paper, Dr. Crisp seemed to think that to Dr. Trusseau, rather than to M. Bretonneau, belonged the merit of first applying a solution of nitrate of silver in Diphtheritis. I have some doubts whether I was not myself the first to use this remedy—at least I find by my notes that I used it in February, 1827; but this is of little importance. The two first of my cases, which occurred in April and May, 1824, were nearly similar to those which M. Bretonneau observed as an epidemic at Tours, and to which he gave the name of Diphtheritis; but the disease was then unknown in this country: the third assumed a mixed character—at first of common ulcerated sore throat, then of Diphtheritis. The fifth and sixth cases had all the symptoms of ulcerated sore throat; the fourth case was one of ulcerated tonsils as the sequel of Scarlatina. I class these six cases together, because they all had in reality an assemblage of similar symptoms, and the common point of danger was the windpipe.

Case 1.—Master W. H., aged 5½ years, scrofulous constitution and rather delicate. March 30, 1824. Complains of sore throat and headache, and is feverish. The tongue is white, and there are several spots or patches in the mouth, and on the tonsils, of a grayish appearance. A dose of calomel was ordered at bedtime, with a mixture of solution of sulphate of magnesia, and a gargle of inf. rosæ and alum. For the next four days he seemed to improve, the throat was better, and the patches in the mouth disappeared.

On the 5th of April there was an increase of febrile symptoms, and the bowels had not acted freely; slight ulcers continued on the tonsils; purgatives ordered, with a dose of calomel.

April 6. Tonsils more enlarged; ulcers persistent; fever continues; coughs frequently; bowels well opened. Nitrate of potass with tartrate of antimony, every four hours, a blister to the chest, and a muriatic-acid gargle for the throat.

April 7. Matters much changed for the worse. Croupy symptoms have come on during the night, with frequent ringing cough and difficult respiration. An antimonial emetic was immediately ordered, and six leeches to the throat.

April 8. Symptoms somewhat relieved, but the croupy cough and respiration continue; ulcers on the tonsils better. Small doses of calomel every four hours, with saline mixture and antimonial wine.

April 9. The croupy symptoms have increased, with dyspnœa, &c. No remedies gave any relief, and the patient gradually sank during the night. No examination of the body was permitted.

Case 2. Miss Rose H., aged 4, also of a scrofulous constitution, sister of the last patient. I was requested to visit her, on May 2, 1824. She complained of slight sore throat; was feverish and flushed; and there were a few ash-coloured spots on the mouth and tonsils. The attack seemed slight; a calomel and scammony powder was ordered, to be followed by castor oil, if necessary. A saline mixture to be taken afterwards, and a muriatic-acid gargle for the throat.

May 3. Symptoms all increased; slight cough; bowels open. A grain of calomel every four hours, with antimony and jalep. Great difficulty in getting her to take medicines.

May 4. The spots on the throat spread to the fauces and uvula. Continue powders.

May 5. Slight croupy symptoms set in, with a ringing dry cough. An emetic of ipecacuanha and antimony to be given immediately. Continue calomel and jalep powders.

May 6. Croupy symptoms worse. Dyspnœa. Bowels purged. Discontinued powders, and ordered a mixture with nitric acid. A blister to the nape of the neck.

Various remedies were used; but the croupy symptoms increased and proved fatal on the 11th. No post-mortem examination was allowed. In fact, these poor children had scarcely a fair chance for their lives, owing to the feelings of a weak mother, whose foolish fondness constantly interfered to prevent punctuality or firmness in administering the necessary remedies, or in attending to many of the suggestions of Dr. Webster and myself, notwithstanding all the attention we could bestow.

Case 3. Master F. F., aged 7; a seemingly healthy boy, but of decided strumous constitution, his mother and six brothers and sisters having died of phthisis.

February 4, 1827. Was requested to see him for an ulcerated sore throat, for which I had attended him once before, and an elder brother several times. The present attack came on several days since with well-marked pyrexia, but as it was merely supposed to be a cold and common sore throat, an aperient and a domestic gargle had been administered. A slough, the size of a sixpence, appeared on each tonsil, and the whole of the uvula is in a similar state. The sloughs are of the usual ash color, surrounded with a rather dusky red margin. The constitutional symptoms are slight; appetite tolerable; is free from fever, and playing about the room. There is little swelling of the tonsils or pain in swallowing, and no cough or hoarseness.

Ordered two grains of calomel, with four of colocynth, at bed time; a saline aperient draught in the morning, and a muriatic-acid gargle.

February 5. Bowels freely moved; free from fever; throat much the same. Complains of the gargle paining him. No medicines ordered. To take beef tea, and farinaceous nourishment.

February 6. Sloughs beginning to separate, but a fresh one has appeared on the back of the pharynx. No fever. Bowels open.

℞ Ext. Col. C. gr. viiij. h. s. s.
℞ Decoct. Cinch. ℥iiiʃʃ.
Liq. Am. Acet. ℥ʃʃ.
In die sum. Lin. Sap. et Camph. gulæ app. ter die.

Feb. 8. The slough slowly separating; fauces still red; bowels open. Cont. Med. Pil. ij. et Garg.

Feb. 9. I intended to have touched the sloughs with nitric acid, somewhat diluted, but was prevented calling. Reported to have slight fever, and a little hoarseness. Bowels not relieved.

℞ Calomel gr.ij
Pulv. Jalepæ gr.v. h. s. s.
Haust. aper. mane.

Feb. 10. Was requested to call early, as the hoarseness had increased during the night. Found him with all the symptoms of croup—respiration difficult, with ringing noise, and every few minutes a most distressing cough, with fits of strangulation, as if the epiglottis was spasmodically closed. Pulse 130, but not full. Countenance anxious and slightly livid. Sloughs stationary, but the redness extending towards the tongue and round the pharynx.

I immediately ordered a strong emetic of pulv. Ipec. and Tart. ant. to produce full vomiting, and the depressing effects of the antimony. Nausea and vomiting continued four hours, with great

relief of all the urgent symtoms, followed by disposition to sleep. Pulse, 120 ; bowels twice moved ; cough much less frequent.

App. Hirud. vj. gulæ.
℞. Hydrarg. Submur. gr. ß.
Ant. Tart. gr. ⅙.
Potassæ Nitr. gr. iij.
2dis horis sum.

11 p.m. The leeches bled freely, but notwithstanding, the dyspnœa and strangling cough have gradually increased and are again urgent. The operation of trachotomy (then rarely practised) occurred to me, and I consulted Mr. Wardrop as to its propriety. He was averse to the operation, considering the great uncertainty of success, and our ignorance of the pathology of the disease. It was doubtful whether it was ulceration reaching the epiglottis or the rima glottidis, and producing spasmodic action; or whether it was merely inflammation spreading from the sloughs in the neighbouring parts into the glottis and larynx. Taking either view of the case, the disease seemed rather of a passive than of an active character, but still not the less dangerous, and it was clear would prove fatal if it could not be immediately arrested in its progress.

After a careful consideration of all the circumstances, and looking to my two former fatal cases, it was agreed to try the effects of stimulants to the parts affected, as some recent experiments had proved that those parts would allow of the application of much stronger caustic substances than was generally supposed. It was, therefore, resolved to try the effect of two remedies: 1st, the application of a strong *solution of Nitrate of Silver* to the tonsils, fauces, &c.; and 2nd, to give Cayenne pepper internally, which had about that time been used beneficially for inflammatory affections of the larynx. As every probable remedy was justifiable in a case so urgent, it was agreed to give 5 grains every two or three hours.

February 11th, 3. A.M. I found my little patient in great extremity, the countenance livid and swollen, the alæ nasi acting strongly, and every nerve strained to enable him to respire. The spasmodic cough was almost incessant, and the respiration was often totally suspended for twenty or thirty seconds. I had prepared a solution of nitrate of silver, ℈ ij. to ʒ j. of distilled water, which, with the aid of a dossil of lint tied to the handle of a tea-spoon, I carefully applied to the fauces. The application produced an effort to vomit, and a considerable quantity of mucus was ejected: this gave immediate relief to the respiration, and at the child's own request, the solution was several times applied within an hour. The cayenne pepper was also given, gr. v. mixed with syrup, which, except a little heat, produced no uncomfortable symptoms. He was so relieved in two hours, that I ventured to retire to rest in the house, leaving directions to give the pepper and apply the solution, and to call me if he should get worse.

9 A.M. Has passed the last few hours with more comfort, and has slept part of the time. Breathing much easier and with less noise. Bowels twice moved. Pulse 130, soft. Has taken three doses of the pepper. Ulcers of the throat much in the same state.

12 mid-day. Was sent for suddenly, and found the respiration much worse; frequent loud ringing cough and no expectoration; the breath seems to enter the windpipe by a very narrow aperture, but is expelled with greater freedom. The countenance is livid and turgid. Pulse 140, but not increased in strength, with a slight intermission during inspiration, but regular in expiration. As the distress seemed to increase, and the respiration was suspended for many seconds during the attacks, I again seriously thought of making an opening between the thyroid and circoid cartilages, as it did not appear to me that the disease (whether inflammation or ulceration) had descended so far. Before doing so, I again applied the solution, and then called on Mr. Upton, of the city (whose country house was a few doors off), to request his presence and aid. He kindly returned with me, when we found the patient somewhat easier. He advised a blister to be immediately applied, which had not been done before, in case of an operation being necessary, and to give the following powder:—℞: Piperis Cayenis, Quininæ Sulph. ana gr. j. 2da quaque hora sum. Mr. Upton considered the inflammation, if any, about the larynx, to be of the erysipelatous kind, and thought the disease was mechanical and spasmodic, and as the stimulant remedies, especially the solution of the nitrate of silver, had relieved the pressing symptoms, he advised their continuance as above. Beef tea and whey to be given as nourishment.

The patient continued considerably relieved during the day and evening, rather improving than otherwise, the more urgent symptoms having gradually subsided. Cold water applied to the head and face, which afforded great comfort.

Feb. 12, 8 a.m. *Respiration almost natural and free, no croupy noise;* had slept at intervals during the night; pulse 112, regular; tongue clean; bowels moved once; sloughs still continue on the tonsils and pharynx, with surrounding redness. A draught, with Pulv. rhei. et Pot. sulph. ana gr. x. statim sum.

8 p.m. My friends, Dr. Robert Lee and Dr. J. Webster, who chanced to be dining at my house, kindly visited the patient with me, and Mr. Upton joined us. Previously to our visit, in swallowing some barley-water rather hastily, a fit of coughing was produced which lasted ten minutes, and occasioned great distress, so that we found the symptoms aggravated. There was much difficulty of breathing; the alæ nasi acted strongly; the respiratory sounds more sonorous and less shrill; the face flushed and tumid; pulse 130, soft. We went very carefully over all the symptoms, and our united opinion was, that the disease was spreading to the larynx and trachea. To omit the cayenne pepper and quinine powder. To give pulv. Jacobi veri, gr. ij., 4tis horis. A blister to the sternum. To inhale warm water and æther; pediluvium, and four leeches if the dyspnœa increased.

Midnight.—The patient asleep; respiration decidedly improved; a copious perspiration all over the body. He had a fit of coughing while I remained, and I applied the solution to the throat, which produced some expectoration with relief.

Feb. 13th. 9 a.m.—Has passed a tolerable night, with a good deal of sleep; respiration improved since last night, but still difficult. Pulse 126, soft; countenance natural; tongue clean; bowels not moved; sloughs in the throat still continue. Mr. Upton met me and considered the patient better, which I could not perceive.

℞ Mist. Amygd. ʒ vj.
Ext. Conii, gr. j.
Pulv. Ipecac. gr. ½.
ft. haust. horis intermed. c. pulv. Jacobi sum.

2 p.m.—Difficulty of breathing increasing; cough frequent, dry, and hissing. App. Hirud. vj. gulæ. Haust. aper. statim.

10 p.m.—The leeches bled pretty well, but produced no relief to the breathing, and seemed to exhaust him. Gradually getting worse. Pulse 150, weaker; bowels moved by the draught: face pale; breathes with the mouth open, and with strong action of the diaphragm; evidently sinking.

February 14, 5 a.m. Was requested to see him, as the cough had been incessant for some time, and exhausted him very much. Struggled for breath; was quite sensible, and wished the door to be opened to admit air, and asked to be taken up frequently. Pulse 160, very weak. Prescribed a cough mixture. Continued in the same restless state till half-past ten, when he expired, with less suffering than could have been expected.

February 16. Sectio cadaveris. I examined the body this morning, forty-six hours after death, in the presence of Mr. Upton and my pupil, Mr. (now Dr.) H. Glennie. Our attention was chiefly directed to the trachea, which was dissected out with the larynx, the tongue, the velum pendulum palati, and tonsils attached, and as low down as an inch beyond the bifurcation of the trachea. Both tonsils were deeply ulcerated, presenting almost a honeycombed appearance. The point of the uvula had disappeared, and an ulcerated patch extended considerably up the velum. The redness and ulcerated appearance of the pharynx had disappeared, nor was the upper surface of the epiglottis apparently affected; but the whole of the under part was involved in one ulcerated patch, which extended downwards upon the rima glottidis about a quarter of an inch, and round on both sides for half an inch, so as nearly to meet on the back of the organ. There was also a patch of mucus or lymph on the centre of the thyroid cartilage, which had the appearance of false membrane, but it was not attached to the part. There were scarcely any marks of inflammation, and none of the redness usual in acute affections of the larynx. The trachea was free from marks of disease, perhaps a little more vascular than usual, but if there had been redness it had disappeared. The bronchiæ on both sides were filled with a muco-purulent fluid as far as the bifurcation of the trachea. The lungs were perfectly healthy and unadherent. The brain was not examined, nor the abdominal viscera.

Dulwich, Oct., 1850.

(To be continued.)

MEDICAL ARCHÆOLOGY.

By GEORGE JAMES SQUIBB, Esq.

To the Editor of 'The Institute.'

SIR,—Fully believing that much information, as well as amusement, may be derived from the earlier history of medicine, I beg to forward to you some 'Extracts' from 'A General History of Medicine,' which I have been for some years collecting; should

you deem them worthy a place in your excellent Journal and the attention of your readers, I shall be pleased to continue, them.

And remain, sir, your obedient servant,

GEORGE JAMES SQUIBB.

Orchard-street, Portman-square, October, 1850.

I am not about to enter into an elaborate History of Medicine, but to give a sketch of its earlier history in this country. The earliest medical writer, of whom we have any authentic record, is Ricardus Anglicus, who flourished about 1230. He is said to have studied at Oxford, and subsequently at Paris, and is the author of sixteen works upon medicine, many of which have been preserved; amongst these, 'De Signis Morborum,' is mentioned by Champerius, as one deserving of attention.

Nicolas de Fernham studied at Paris and Bologna, and then returned to England. He was physician to Henry III. He died in 1241. His principal works were, 'Practicæ Medicinæ,' and 'De Viribus Herbarum.'

John Giles, or as he is termed Joannes Œgidius, flourished about 1320. He was also educated at Paris. When Robert Grosthead, the celebrated Bishop of Lincoln, lay on his death-bed, he sent for "Master John Giles, learned in Physic and Divinity, that he might receive comfort from him both in body and soul." He left behind him two medical works.

Hugh of Evesham, born at Evesham, in Worcestershire, was one of the principal physicians of his time. He was sent to Rome in 1280, by desire of the Pope, Martin IV., to decide certain difficult questions in physic. After this time he appears to have engaged himself solely in theological pursuits, and died of the plague in 1287.

Gilbertus Anglicus was Physician to Hubert, the Archbishop of Canterbury, in the reign of King John, A.D. 1210. He is chiefly known as the author of 'A Compendium of Physic,' still extant, and which is believed to be the earliest treatise upon medicine by an English physician. He mentions a case of Leucophlegmasia with fever, in which, after purging, he sent his patient to the "sulphureous baths" and he was cured. Thus showing that as early as 1210 the advantages of sulphur-baths were known and appreciated. It is thought that Gilbertus sent his patients to the Bath waters. Gilbertus has a curious chapter upon the effects of having intercourse with a woman who had previously conversed with a leper, some of the symptoms are curious.*

I have not found in the writers upon Medical Archæology mention of a physician who appears to have been held in much esteem about this period; I allude to Nicholaus de Tyngewick. He was physician to Edward I., and is described as "Hominem utique honestæ Vitæ Bonæ Conversationis et Scientiæ eminentis." The following letter will prove the fact of his personal attendance upon the king, and the esteem in which he was held:—

"On the 11th September, 1306, Edward I., in a letter to the Pope states 'That he has presented to the Church of Reculvers (near Margate) May 6, Nicolas de Tyngwyck, his physician, to whom after God he returned thanks for his recovery from an illness wherewith he had been afflicted, requesting that he might hold that living, together with the Church of Colleshull, in the diocese of Salisbury, which he had previously possessed, the more especially as he considered the said Nicolas more learned and fit to have the care of his health than any one in the realm."

The illness to which the king alludes was, most probably, that which attacked him at Newburgh, for in 'Rymer's Fœdera,' vol. i. p. 1001, will be found a letter from the Keeper of the King's Wardrobe, to Sir Ralph de Stoke, Clerk of the Great Wardrobe, stating, that Richard de Montpelier, the King's *Spicer* (Espicer), is going to London on account of the King's illness, and desires that every facility may be afforded him to procure and make up the medicines,—"Propter Infirmatem Domini Regis per ordinationum Magister Nicolaus de Tynwyck."

Richard de Montpelier's account for this illness, and subsequently the embalming the king, amounted to £134 16s. 4d. A considerable sum in those days. Amongst other curious items, we find:—

	£	s.	d.
"Pro Emplastris Cironeis	4	0s.	0d.
Item pro Terebintine destillato	0	40	0
Item pro uno Emplastro pro Collo Regis cum Cadano et Ambras Orientalis	0	60	0
Item pro vj. Malis Granates	0	60	0
Item pro sex unciis de Balsamo ad Corpus Domini Regis unguendes	13	0	0
Item pro Pulveri aromatice de Aloeis Thuris Myrrhæ ad ponendem in Corpore Regis ..	4	0	0
Item pro Musco uncia iiij. ad Ponendum in Membris Regis	0	60	0

A curious fact with relation to the embalming of Edward I., will prove that Master Nicolas of Tygnwycke, Master Peter the Surgeon, and Richard of Montpelier, the *Espicer* (or apothecary), did their duty well; for about 50 years ago, the tomb of Edward I. was opened, and the body found entire. A zealous antiquarian, Sir J. Ayscough, was induced to taste the "pickle" or fluid in which the royal body was preserved, and even then, more than 500 years after the embalmment, it showed traces of the spices used by Richard of Montpelier, and of which we have just seen his charges and accounts.

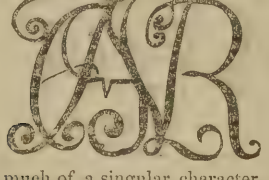
But I shall dwell somewhat more at length upon a medical author and physician of this period, and who may fairly be considered as one of the earliest English writers—Gilbertus Anglicus and others having copied the Arabian writers and those who preceded them; but John of Gaddesden gives us the real history of the practice of physic, and of medical knowledge in his time.

John of Gaddesden, who is frequently also called Johannes Anglicus, flourished about 1320. Anthony à Wood states he was a Doctor of Physic, and of Merton College, Oxford; Chaucer alludes to him in his 'Canterbury Tales,' in his description of the "Doctor of Physick," when, in speaking of the learned doctor, he says—

"Averois Damascyn and Constantyn,
Bernard, and *Gaddesden*, and Gilbertyn."

Vander Linden, in speaking of our author, says he was, "In Medicinis multum empiricus, philosophus non vulgaris." Guido de Cantiaco alludes to him rather disparagingly, and observes, in reference to his 'Rosa Anglica,' "Credi de in ea invenire odorem suavitatem, et inveni fabulas, &c." John of Gaddesden appears to have been the first *regular* Court Physician, and as such, attended one of the sons of Edward I. in the small pox. There is every reason to believe that he was rewarded for his skill and attention by being appointed a Prebendary of St. Paul's, for at this and subsequent periods, we find that the physician and priest were usually united, and that medical skill was rewarded by clerical preferment. It is not known at what precise period John of Gaddesden died.

But to have a perfect idea of the subject of our present memoir we must look into his works; and truly, as regards John of Gaddesden, we may say, "Si monumentum quieris, inspice." The title of his principal work is



Rosa anglica practica me dicine a capite ad pedes

and it contains much of a singular character. John was a clever, shrewd, active person, never at a loss for a remedy or reason, however absurd many of these last may appear at present. He is especially attentive to the wants and wishes of females. If any of his lady patients had anything the matter with the complexion, he suggests the Lac Virgini, or even condescends to prescribe a wash for the hair. If troubled with the sickness of pregnancy, he recommends toasted rhubarb; but, I am sorry to say, our learned physician was not always very decorous in the directions he gives his female patients; indeed, the learned Dr. Friend says, "He was not only sometimes familiar but wanton, and even luscious." Nothing came amiss to him. He sold a receipt made of tree frogs to the Barber Surgeons, "pro quo habui bonam pecuniam a Barbitonietebus," and then intimates that he had outreached

* There is a copy of Gilbertus Anglicus's work in the library of the Royal College of Surgeons; it is entitled 'Compendium Medicinæ nondum Medicis sed Cyrurgis utilissimum.' Lugduni, 1510.

them in the bargain. He states that he has a capital ointment to destroy lice, which he recommends to the monks; and I am sorry also to add that he recommends to the young knights of his time certain provocatives, of one of which he hints that "Coagulum Leporis—qui isto utuntur possunt coire—vices si volunt."

In justice, however, to John of Gaddesden, we may mention that Dr. Aikin states, that he describes the method of procuring fresh from salt water by means of simple distillation, and describes four methods of doing so; and some of his directions show considerable practical knowledge, and his diognoses and prognoses in disease, are really good. To those who may be desirous of referring to John of Gaddesden's work, I would beg to mention that that there are good editions in the libraries of the Royal College of Surgeons, and of the Royal Medico-Chirurgical Society.*

I will subjoin to this slight sketch of the writers and physicians of this period, viz. 1200-1300, the names of some whom I have not been enabled to find in the usual Medical Biographies, but of which I find traces in the records of those periods; I do so with the hope that those who may be more learned in Medical Archæology, may furnish us with further particulars of this period.

Henricus Hamoren or Hamo, physician to King John, A.D., 1216. The king presented him with land in Somersetshire, and speaks of his services. Subsequently, we find these lands presented to Master Ralph, "the king's cook, provided that the standing crops be distributed to the poor of the Land, to pray for the soul of Master Hamo or Hamoren, the physician, who was dead."

Johannes de Kent, one of the physicians in ordinary, I presume, to Edward I. I find the following curious document—

"To John of Kent, Physician to the King, for his expenses for 40 days, during which he was absent from Court; going, by the King's command, from St. Alban's to Caversham, to the Countess of Gloucester, the king's daughter, sick there, to examine her condition, and returning to the Court at Northampton, receiving *twelve-pence* per day, because he was not on the Marshall's roll during that time .. .. £2.

A singular contrast to the subsequent travelling fees of the physicians at this time.

The same Johannes de Kent appears to have received not only board at court, but his livery (as it is termed), also.

"To Johannes de Kent, Physicus Regis
For his winter robe .. .. .. 4 marks.
For his summer robe .. .. 4 marks."

I find he is ranked after the Clerk of the King's Chapel.

Master Peter the surgeon received, however, upon one occasion a large fee. "To Master Peter, the surgeon, for money to him given by the king, for a cure which he made upon William Reymunde, the king's chief ostler, who had been kicked by a horse at Langley, fifty shillings."

"Master Peter," the king's surgeon, received also four marks for his winter robe. He appears to have combined the surgeon and apothecary also; for I find the queen sending him "for nuts, pears, pepper, and figs, and divers other spices and fruits, to be bought for the queen's use; and for his wages and expenses for 11 days, going from Windsor to London and returning twice by the queen's commands, and for 6 days tarrying in London before the spices could be delivered to him," £1 4s. 10½d.

Master Peter received also a salary of twenty shillings certain per annum for attending to any of the king's household, and supplying "medicinalibus" to those who might be wounded.

John de Fontibus was physician to and much esteemed by Queen Margaret. The king, at the request of the queen, recommended him to the Pope for promotion to a prebend in the Church of Rouen; "her clerk and physician, who, as his Majesty states, had been very attentive to the queen and to him during illness."

(To be continued.)

DR. BEDINGFIELD'S CASES OF FRACTURE OF THE CRANIUM.

(Continued.)

"Dear Sir Astley,—I should have replied sooner to your inquiries, but had some difficulty in finding one of my patients, the infant, Hugh Smith. The boy is now twelve years of age, in perfect health, and not at all subject to "head-aches, fits, or any other malady." The depressed portion of bone is at this time nearly flat, with only a very slight indentation in the centre:—the depression is not one-fourth so great as when the injury was first inflicted. I expressed an opinion, at the time of the accident, that the brain would by its growth and pressure gradually replace the bone, which happened in this child to be extremely flexible.

In the second case, that of Salmon,* the frontal bone still continues depressed, but without producing any symptoms of either local or constitutional derangement.

I was conversing the other day with my uncle, Mr. Beck, of Newham-market, upon the subject of fractures of the cranium, when he gave me a concise history of three cases which had fallen under his care. The first was that of a lad of eighteen, who received a blow from a clog which was fastened about the neck of a bull. The boy remained *twelve* days in a state of insensibility, without his *surgeon* having either examined the head or ascertained the nature of the accident, when my uncle was requested to see him.

Mr. Beck immediately detected and pointed out the nature and extent of the injury, which consisted of an extensive fracture and depression of the frontal and one of the parietal bones. He applied the trephine in two places, and elevated the depressed bones; when the boy immediately spoke, became sensible, recovered rapidly, and is now quite well.

The second case was that of a boy with extensive fracture and depression of the frontal bone; the boy, however, was free from symptoms of either concussion, or compression, and actually walked a distance of three miles to Mr. Beck's surgery. Although no alarming symptoms were present, the depression was so great, that Mr. Beck did not deem it prudent to allow it to remain; he, therefore, applied the trephine, and elevated the bone, and the boy got perfectly well without the occurrence of a bad symptom.

The third case was that of a boy with fracture of the frontal bone, immediately over one of its sinuses. Although the depression was very considerable, Mr. Beck did not think that the inner table of the bone was injured; he, therefore, declined operating, and the patient did well.

Upon fracture of the cranium I would observe generally, that the younger the subjects, the better do they sustain and recover from the injury; in illustration of which, I will mention a case which I witnessed at the Bristol Infirmary:—A child, seven years of age, fell, and rolled from St. Vincent's rocks, a height of at least 150 feet. The frontal and parietal bones were literally beaten in; the trephine was applied in *four* places, I think, by Mr. Richard Lowe, and the child perfectly recovered. In middle-aged and old persons, I have often seen life destroyed by, to appearance, very trifling injuries.

With best wishes, believe me to remain, dear Sir Astley,
Very faithfully yours,
J. BEDINGFIELD.

ON THE EFFICACY OF LARGE DOSES OF OPIUM IN RETENTION OF URINE FROM SPASMODIC STRICTURE.

By J. BURLING, Esq., M.R.C.S.

There are few things more perplexing to a young practitioner than a severe case of retentiou of urine, produced by spasmodic stricture, superadded, as it generally, or perhaps, always is, to a permanent contraction of the urethra. In the early part of my professional career, when I had the entire care of the poor of this extensive parish, I met with several such cases, and finding that laudanum given in the usual dose of from thirty drops to a drachm, frequently produced very little effect, I determined, in the following case, to try a very large dose.

On returning home late one night from a midwifery case, I found my assistant had been vainly endeavouring for some time to pass a catheter for a man named White, about 48 or 50 years of age, who had been suffering from retention of urine for many hours, and was, at the time I saw him, in very great pain. Having satisfied myself of the impossibility of relieving him with the catheter, and as he was bleeding profusely, I directed a draught to be given him with two drachms of Tinct. opii, and sent him to bed at the workhouse, with another draught containing one drachm to be taken in an hour or two if not relieved, and with directions to be called early in the morning if necessary, fully

* The chapters, which will repay perusal to those who take interest in early medical literature, are:—
'De Febribus.'
'De Œgritudinis Capitis.'
——— 'Oculorum.'
'De Passionibus Nasi.'
——— 'Matricis.'
'De Sterilate.'
— 'Impregnatione.'
And two Chapters upon 'Dislocations.'

* This young man is still living and in perfect health. Oct. 24, 1850.

expecting to have to puncture the bladder. I received no summons, and I was delighted to find that, soon after taking the second dose, he had passed a very large quantity of urine, and being perfectly relieved, he had taken his departure. This man, who was a brickmaker, had subsequently other attacks, particularly after drinking a quantity of stale beer, which were always relieved by the same means; in fact, when he found the attack coming on, he used to apply at the surgery for what he called his dose—namely, a draught with two drachms of Tinct. opii.

In several cases, afterwards, I pursued the same plan, and I do not recollect any one in which it was not successful.

I am aware that the frequent use of the catheter might have removed the original stricture; but, as the patient was working in the brick-field, and from daylight to dark, and lived at some distance from us, it was impossible to pursue that plan.

J. BURLING.

CASE OF FATAL JAUNDICE, PRODUCED BY COD-LIVER OIL.

By R. CRAVEN, Esq.

J. P., aged 18, by trade a mason, was attacked with acute rheumatism, November 15th, 1849, which ran the usual course (being treated with colchicum and blisters over the cardiac region in consequence of considerable pericarditis), and was discharged cured, December 30th, 1840. After this attack, he never got strong, although he resumed his occupation. I attributed his not gaining strength to growing fast.

April 11th, 1850, I was again called to him complaining of "a severe cold." At that time he had all the symptoms of acute bronchitis, and also considerable dulness on purcussion, with a deficiency of respiratory murmur, below the right clavicle. In the course of a few days the acute symptoms and febrile action declined, but the expectoration began to assume a purulent appearance. This continued for three or four days, and as I thought the respiratory murmur slightly increased, and the flesh and strength in no way decreased, I was under no alarm. On the 20th of the same month, I was suddenly called, the patient having vomited a quantity of blood. I found him very pale, pulse 100, countenance sunk and anxious. I prescribed acetate of lead and opium, under which in four days the expectoration became gradually less sanious, but purulent and more profuse. The pulse rose to 112, and night sweats, with hectic, came on. I then prescribed cod-liver oil, ʒss. three times a-day, under the exhibition of which he seemed to improve. The pulse became less frequent, the night sweats less profuse, and the appetite improved. Having occasion to leave home for three days, I did not see him till the morning of the 28th, when I found him suffering from jaundice. Pulse 84 and full, no night sweats, very slight expectoration, right hypochondriac region tender, tongue furred and brown, bowels confined. Discontinued the cod-liver oil, and ordered one grain of calomel every four hours, and eight leeches to the right hypochondrium. Visited him in the evening; bowels relieved, stools dark, almost black, pulse 88, full and harder, tenderness of hypochondrium increased. Bled him from the arm to ʒxvj., when he complained of being faint. Continued calomel.

April 29th, 8 a. m. Felt easier after the bleeding, and slept for four hours, but awoke with acute pain in right side, which increases every hour. Skin and eyes much yellower this morning, tenderness increased, pulse 95, bowels open, stools as before. Apply ten leeches, and continue calomel.

8 p. m. Much worse colour, darker, cannot bear his body touched, tympanitic. Blister the abdomen, and continue calomel.

30th, 8 a. m. In no respects relieved, though the blister has risen well. Rapidly sinking. Died in the night.

Remarks.—In this case I considered the cod-liver oil doubly indicated; first, on account of the rheumatic diathesis; and, secondly, the phthisical symptoms. I was informed the eyes became slightly yellow, and the side felt full on the 26th; but as he said to his friends he felt stronger and better, they felt no alarm, and so continued the cod-liver oil till I saw him on the 28th. I have no doubt in my mind, that the congestion in the first instance, and subsequent inflammation of the liver, which produced the jaundice, were the result of the continued exhibition of the oil. I send you this case, for the purpose of assisting in the inquiry as to the beneficial, or otherwise, results from the administration of cod-liver oil.

R. CRAVEN.

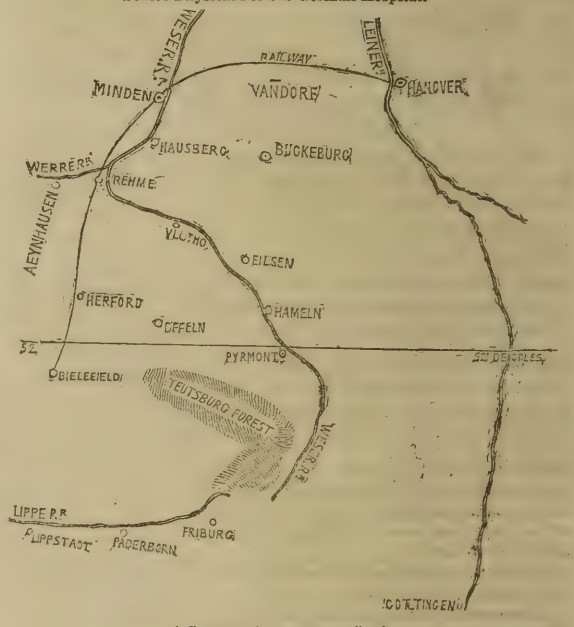
Woodlesford, Oct. 26th, 1850.

MEDICAL GUIDE TO THE PRINCIPAL GERMAN SPAS,

WITH PARTICULAR REFERENCE TO AN APPROPRIATE SELECTION OF THE RESPECTIVE SPRINGS IN VARIOUS CHRONIC DISEASES.

By SIGISMUND SUTRO, M.D.,

Senior Physician to the German Hospital.



(*Continued from page 53.*)

Nauheim, another spa of recent discovery, is distinguished by a remarkable phenomenon, called the "Soolen Sprudel," a pyramid of white foam, bubbling up to the height of two or three feet above the surface of the spring from which it rises.

The place has been favourably known for many years through its excellent salt works; it is situated at the south-eastern declivity of the Johannisberg, within the distance of half a league from Friedberg, which town is connected by railroad with Frankfort-on-the-Maine, and may be reached from the latter city in an hour. The direct journey from London would occupy about forty-four hours. When arrived we see a friendly village, with 1,500 inhabitants, and the little river Usa meandering through the surrounding fields.

A large and deep pool, with two isles, forms the northern boundary; to the east, a small mountain ridge is perceptible; to the south the plain extends as far as Friedberg. Giessen lies about six leagues to the north, and Frankfort the same distance to the south. Behind the Johannisberg rises the Winterstein, with luxuriant foliage. The graduation works extend to the other side of the high road. The white, gray and reddish quartz of the Johannisberg is interspersed with single strata of talc, which form a transition into clayey talc slate, by receiving clay and quartz. In the Usa-valley these rocks are superposed by clay, argillaceous sand, and ferruginous nodules. By boring to only a short depth, minerals of very different kinds are discovered; thus, at one boring trial (No. 7) scarcely sixty feet to the east of the Kurbrunnen, limestone was found at the depth of 131 feet, though no idea had previously been entertained of its presence in this locality. The basalt of the Vogelsberg begins on the other side of the mountain ridge, which separates the valley of the Usa from that of the Wetter. Considerable strata of peat are found in the tertiary mountain masses a little further to the east, to the extent of several hundred acres. They generally cover the basalt (at the depth of 100 feet), and seem to belong to a more recent formation than the peat-bogs of Niederhessen, which lie between strata of basalt.

The thermal salt springs of Nauheim flow out of the rugged transition strata on both sides the Usa, and partly in the Usa itself from the north to the south. Several of these have been allowed to fall into decay, on account of the power and abundance of the Artesian wells, about to be described. In the year 1823, the Artesian well No. 1, was bored; it is 62 feet deep, and yields 8,600 cubic feet of "soole" per day, of 1.021 specific gravity, and of the temperature of 25° Reaumur (= 88¼° Fahren-

heit), with a great quantity of free carbonic acid. Formerly, the water was conveyed by subterranean pipes into the "Kurhaus" for bathing. According to an analysis by Professor Bunsen, it contains in sixteen ounces upwards of 233 grains of solid constituents, viz.:—

Chloride of Sodium	195,410
„ Potassium	2,227
„ Magnesium	2,313
„ Calcium	14,899
Bromide of Sodium	0,154
Bicarbonate of Lime	17,210
„ Iron	0,755
„ Manganese	0,084
Anhydrous Sulphate of Lime	0,584
Silex	0,146
Traces of organic substance.	
	233,782

The Artesian well No. 2 was bored in 1824, to the west of No. 1; the spring was found at the depth of 85 feet, and daily supplies 15,000 cubic feet of "soole," of specific gravity 1.021, and of the temperature of 21° Reaumur (= 79¼° Fahrenheit). It contains 10½ cubic inches of free carbonic acid in sixteen ounces; the spring not being used for medical purposes, it is needless to detail its constituents, which, however, resemble those of No. 1.

The most prominent feature of the spa, "*the Soolensprudel*," flows from *the Artesian well No.* 5, which was bored in 1838 to the depth of 114 feet, to the east of No. 1, and near the shore of the Usa. For several weeks the "soole" filled the borehole, sometimes overflowing and at other times receding. In order to pump it up from the hole, a tube was introduced on October 1st, 1838. Scarcely had the pumping been continued for a few minutes, when the spring burst out with great violence; bubbling up with roaring and hissing, it threw the foam sixteen feet above the surface, spluttering and hurling small stones and sand in all directions. After some hours the tumult ceased, and the spring only bubbled up a few feet over the hole. The next day it disappeared entirely, so that the pump had again to be used. An intermittent action was then observed; for about ten minutes the water arose to a height of from twelve to fifteen feet, blustering and roaring, and then sank back again to the level of the bore-hole; by degrees, it became regulated, and now it invariably bubbles up to a height of two or three feet above the surface, bearing at a distance the appearance of a white column resting on the ground. By fixing a narrow tube to the mouth, this column can be made to rise fifteen or twenty feet. After the tube has been applied for some time and then removed, the "sprudel" gradually rises with stronger and stronger concussions of the ground, which are perceptible to the by-standers. Higher and higher the splashing and hissing foam is thrown; the water, formerly transparent, now becomes turbid, and carries up with it small stones of the size of a walnut; the "sprudel" then resembles a beautiful pyramid of white foam; the subterranean shocks then gradually die away; the pyramid becomes smaller and smaller, and is soon reduced to its ordinary height of two to three feet.

Another very important circumstance connected with this spring is the abundance of carbonic acid; the shaft is often filled at its open end with a layer of warm carbonic acid, to the height of five feet. A person descending, distinctly perceives the commencement of the layer, by a sensation somewhat resembling that of dipping the hand into warm water. 14.9 cubic feet of pure carbonic acid flow out of the hole every minute, being equal to upwards of seven millions of cubic feet per year (exceeding one million pounds in weight); the temperature of 25° Reaumur (=88½° Fahrenheit) is another great advantage, for no change or decomposition need be apprehended, the inherent warmth being so congenial, that any process of heating or cooling becomes unnecessary. The solid constituents in sixteen ounces are upwards of 253 grains, viz.:—

Chloride of Sodium	207,780
„ Potassium, traces.	
„ Magnesium	2,828
„ Calcium	17,341
Bromide of Sodium, traces.	
Bicarbonate of Lime	16,996
„ Iron	0,100
„ Manganese	0,023
Anhydrous Sulphate of Lime	0,538
Silex	0,015
Free Carbonic Acid	8,179
	253,800

The "sprudel" yields daily 25,000 cubic feet of "soole", of 1.023 specific gravity; the temperature was at first 26° Reaumur, but it gradually rose to 27° Reaumur (=92¾° Fahrenheit), and then remained stationary; this elevation of temperature has also been observed in the other springs. The temperature of No. 1. was in the year 1823 only 21° Reaumur, and is now 25°. The water of the Soolen Sprudel is conveyed by subterranean pipes into the Kurhaus, and serves for the preparation of baths.

The Artesian well No. 6, or "Kurbrunnen," was bored some hundred feet to the east of the Sprudel, on the other side of the Usa; the spring appeared at a depth of sixty-six feet, differing from the others in composition, and containing in sixteen ounces only 86 grains of solid constituents, viz.:—

Chloride of Sodium	59,5
„ Calcium	2,75
„ Magnesium	0,3
Bicarbonate of Lime	12,5
„ Iron	0,4
„ Manganese	0,1
Sulphate of Lime	0,25
Carbonic Acid	10,0
Bromide of Sodium, traces.	
	85.80

The spring yields 1500 cubic feet of water per day, of 1.007 specific gravity, and 18° Reaumur temperature (72½° Fahrenheit). Besides the carbonic acid (17¼ cubic inches), it contains half a cubic inch of nitrogen; the water is clear, sparkling, and transparent, and has an agreeable acidulous, pungent, and saline taste. The Kurbrunnen is also subject to a periodical, but irregular flow, sometimes sparkling and overflowing, and at other times again scarcely reaching the level of the bore-hole.

The following table exhibits the constituents of Nauheim, as compared with some of the other halopegæ.

	Homburg.	Kissingen Sprudel.	Kreuznach.	Salzhausen.	Oeynhausen.	Nauheim.
Chloride of Sodium	108	107	72	73	256	207
„ Calcium	15.2	2.9	13.3	2.5	—	17.3
„ Magnesium	4	24.5	0.25	8.7	8.28	2.8
„ Potassium	0.38	0.97	0.62	—	—	—
Sulphate of Lime		—	—	11.17	22.9	Kurb. 0.27
„ Soda		25.3				
„ Magnesia		—	—		19.9	—
„ Potash			—		0.3	—
Bicarbonate of Lime	9.69	1.6	1.5		6.5	16.9
„ Magnesia		—	1.3		3.75	—
„ Iron	0.46	0.3	0.15		0.5	Kurb. 0.40
Bromide of Magnesium		0.06	0.2			
„ Sodium		—	0.3			
Iodide of Potassium or Sodium			0.14	T. Na. 0.58		
Temperature	11 to 12° R.	15 to 16° R.	16 to 17° R.	11 to 12° R.	26½° R.	25 to 27° R.
Solid Ingredients	108	187¼	75 to 90	98¾	319	233

It will be seen that Kreuznach possesses the advantage of containing iodine, and therefore exercises peculiarly curative powers in the diseases of the glandular and lymphatic system, and in many pseudo formations; but Nauheim deserves in many other respects the preference, from its warm temperature, the great abundance of carbonic acid, the greater quantity of chloride of sodium, of calcium, &c.; and especially from its carbonate of iron and of lime. The springs of Nauheim are used both as baths, and internally. For the latter purpose the Kurbrunnen is used, which is cooler, less abundant in salt, and more easily to be assimilated.

Though no effect can be expected without perfect assimilation, which latter will certainly be more promptly performed by introduction into the intestinal canal, experience shows, that in many instances, the external application is preferable, from its producing a milder and yet more penetrating effect, and causing a more uniform stimulus of the general functions of the body. Sometimes the internal administration of the "soole" produces too great an irritation of the intestinal canal. In other instances the cause of ailment may lie in the disturbed function of the cutaneous system itself, requiring the external stimulus of the spring for the elimination of the morbific matter. On entering the bath a sensation of chilliness is at first perceived, probably in consequence of the mechanical irritation which the saline particles exercise on the epidermis. After this momentary retrocession of blood reaction ensues, and the circulation soon tends with heightened energy towards the circumference, and creates warmth. The abundant admixture of carbonic acid no doubt assists in producing this irritation, for at every movement made in the bath, small air bubbles attach themselves to the surface of the body; these contain carbonic acid, which comes into contact with the nervous ramifications, and transmits its stimulating power to the central nervous system, producing increased vital action. By the absorption of the saline particles into the blood, greater freedom of circulation is created, the morbidly-heightened sensibility of the nervous system is diminished, and thus the necessary equilibrium restored. After the bath, bodily and mental vigour appear increased. The temperature of the bath must be regulated with great care, according to the individual requirement of the patient; for when the inciting property of the carbonic acid is assisted by too great a heat, powerful irritation and congestion may be produced, instead of a beneficial harmony between the vascular and nervous systems: such as oppression of the chest, palpitation of the heart, headache, humming in the ears, giddiness, &c. Even in the cooler baths, the temperature appears to be a few degrees higher than the real heat. Generally between 22° and 26° Reaumur is the most useful temperature, and only great torpor and relaxation of the external skin, extreme nervous debility, morbid enlargements and indurations require a powerful stimulation of the absorbent system, and the temperature may then be raised to 28° Reaumur (=95° Farenheit). In such cases, mother-ley* from the saltworks is added to the bath, to increase its efficiency. It produces a gentle sensation of burning on the skin, the intensity being in exact proportion to the quantity of ley added. The first baths are taken without ley, then small quantities of the latter are added, till that sensation appears, then the quantity is gradually decreased again. But if it be added too soon, or in too great proportions, an erysipelatous inflammation is sometimes produced during the first days' application, which is so far from being beneficial, that the course must be stopped for some time. The particles contained in the water are imbibed by the veins and absorbent vessels, and arrive at the organs of sanguification, destroying or neutralizing the elements of dyscrasia, and being conveyed to the different organs, they produce increased absorption and secretion, and accelerated metamorphosis and reproduction of organic matter. An increased uropoetic function is at once perceptible, but the chief efficacy is displayed in the lymphatic and glandular system by removing morbid deposits and enlargements; and here Nauheim becomes particularly valuable through its bromine and chloride of calcium. In the mucous membranes the secretions are also promoted, where tough and adhesive expectoration produces irritation and cough, looser mucus becomes expectorated and thus the respiration is freed. Morbid mucosity gradually diminishes, and is succeeded by the normal bronchial mucous secretion. The mucous membranes of the female sexual system are also strengthened, and the treatment is assisted by injections; chronic swelling and indurations of the generative organs are absorbed and resolved; obstructed or painful menstruation becomes regulated, and the appetite is invariably increased; also exudations in the joints, and thickening of the synovial membrane, even exudations in the cranium, producing paralysis of certain parts by pressure on the brain, are said to be removed by increased vascular action of the abdominal organs. If the epidermis be morbidly dry and tense, the warmer baths are indicated, with mother-ley; but if the skin be more relaxed and inclined to profuse perspirations, the cooler, more gaseous baths are to be employed, assisted by cold affusions and douches. Bath-eruptions may appear in four different forms, either as bath-rash, wheals in the form of small hardish pimples, appearing in groups on the reddened epidermis in the third or fourth week of the course. This particularly affects the flexible part of joints, the chest, and abdomen, and is rarely accompanied with fever; the efflorescence lasts a few days, and disappears under furfuraceous desquamation, while the baths are continued; or troublesome furuncules appear on the back or lower part of the vertebral column, and occasionally at the extremities, and sometimes fever. More rarely (particularly in scrofulous subjects), hardish little pimples are developed, with great itching, especially affecting the armpit, and soft hairy places. They soon raise themselves into pea-like vesicles, and fill with transparent lymph (which is transformed after a few days into opaque pus); they then become brownish crusts, and fall off after a few days without leaving any scars. The fourth kind of bath-eruption appears but rarely, and resembles ecchymosis, just as if the person had hurt himself against a hard substance. They are first blue, then become green, brownish, or yellow, and resemble contusions. Sometimes they change their places from the anterior to the posterior part of the thigh, for instance, on the second day, and on the third to the knee; they mostly appear on the lower extremities, never in children, but in adults of venous habit, affected with piles, or the so-called molimina hæmorrhoidalia. A bath-eruption generally precedes a speedy cure, but it is not indispensable. For baths the "Soolen sprudel" is used, which cools sufficiently on its way to the Kurhaus to afford a medium temperature; if more stimulus be required, some "soole" is added. The Sprudel excels as regards the prevalence of salts and free acid, while the well No. 2 has the advantage of possessing more bromine and carbonate of iron. Its temperature being 21° Reaumur, it might be advantageously mixed with the "Sprudel," particularly where less solvent and more tonic and stimulating action is required.

The Kurbrunnen, with 18° Reaumur (=72½° Fahr.) generally acts, when taken internally, as an aperient, diminishing the mucosity of the primæ viæ, promoting the liquefaction of obstructing conglomerated substances in the portal system, and in the hæmorrhoidal and uterine vessels. Whilst, on the one hand, the chloride of calcium and potassium, and bromine, act powerfully on the intestinal mucous membranes, and on the glandular system, the carbonate of iron prevents a greater liquefaction than necessary to resolve enlargements by the promotion of critical secretions and excretions. Stools without griping or inconvenience generally ensue, unless some errors of diet have been committed, when pressure and pain in the abdomen, with distension, headache, chilliness, &c., and watery evacuations, with colic, or obstruction, will be the consequence. Sometimes confinement of the bowels is observed at the beginning of the course, but after some time, when the morbid deposits have become moveable and liquefied, so that a smaller quantity of the saline particles requires to be absorbed into the organic fluids, copious evacuations ensue on a sudden (without apparent cause), of an acrid bilious character, and with distinct critical properties. General improvement is then an invariable consequence. If increased alvine action is required, the Soolen Sprudel is mixed with the Kurbrunnen, or given by itself, (*when it always acts as a violent purgative*).

The carbonic acid gas, which streams with such abundance out of the borehole, is received by an inverted tun, and partly conducted into an apparatus near the shaft of the well, and partly into a little house near the spring. The former resembles a sweating-box, the head being out of the bath whilst the carbonic acid fills the box from two holes at the bottom. In the little house two rooms are erected; in the one gas-baths are exhibited as in the above-mentioned box, and in the other the gas streams out of an elastic tube, which serves for local douches on the eyes, ears, &c. Undressing is not required in the gas-bath, because the carbonic acid penetrates the cloth, and expels the atmospheric air from the surface of the body. A peculiar feeling of warmth and pricking is perceived on the skin, especially at such parts as are but thinly covered with epidermis. By staying for some time, the warmth increases, causing sometimes even perspiration in very susceptible persons. Its entrance into the lungs is prevented by the spasmodical closing of the epiglottis. If respired, mixed with atmospheric air, it causes oppression in the chest and inclination to cough; but received into the digestive organs, it acts otherwise beneficially, producing an agreeable feeling of warmth. Pressure and tension of the stomach from drinking the Kurbrunnen, spasms of the stomach and flatulence, &c., immediately disappear after swallowing some gas. Applied to the dry epidermis its effect is more dynamic on the sensitive cutaneous nerves, and generally only perceived during the application.* By means of

* The liquid which was left in the boiling pans, after common salt has been separated in its usual crystalline form. Thus it contains the constituents of the soole with the exception of salt, viz. bromine, chloride of potassium, of magnesium, and of calcium.

† That the carbonic acid may sometimes exhibit very marked efficacy is shown by the following instance:—A joiner, 28 years of age, was seized with abdominal typhus. When he approached towards convalescence, he was suddenly affected with violent pains and inflammatory swelling of the right

a moist medium, however, it becomes imbibed into the animal juices, and acts as an antiseptic, not condensing or astringing the liquids (as is done by the fixed acids), but by stimulating the capillary vessels it causes increased secretions, and thus counteracts putrefaction, by increasing the vitality of the ends of the absorbent vessels. It is, therefore, less useful where putrescence has taken place, than where tendency to decomposition is commencing in the capillary vessels. On the one hand the gas-baths reproduce bloody secretions or hæmorrhages, while, by the same power, they exhibit a curative action in morbus maculosus Werlhofii, preventing further ecchymoses. The gas has the tendency to act as an aphrodisiac in man, and to increase the power of conception in woman. In pregnancy danger of abortion is apprehended. As a local douche it is very useful in leucorrhœa, improving the morbid condition of the mucus, and heightening the tone of the secretory surface. It also somewhat improves the secretion of atonic and varicose ulcers, and accelerates their cure. The invigorating and enlivening effect perceived after the bath, particularly by enfeebled or aged persons, is undoubtedly due in a great measure to the presence of the carbonic acid gas, which, by its stimulating effects on the peripheric nerves, causes the rigid muscles to become more pliable. By the increased metamorphosis, passive congestions, which often become so dangerous in old age, are removed.

Amongst the diseases for which Nauheim is especially recommended, scrofula takes the chief place. Knowing that a peculiar dyscrasia produced in the capillary system of the blood-vessels causes this disorder, we no longer consider it as an exclusive affection of the lymphatic and glandular system. Baudeloque was the first who sought the cause of scrofula in a corrupted sanguification. He assumes that, by inspiring vitiated air (deficient in oxygen and loaded with carbon), the blood becomes abnormally altered, and unfit to supply those particles consumed or lost by organic metamorphosis. All tissues being gradually formed from this deteriorated material, it is natural that the organs of the reproductive system must be chiefly affected, drawing other organs into the cyclus of derangement. Neumann seeks the seat of scrofula in the vascular membrane of the slender intestines, and its cause in the exclusive reception of vegetable food, containing amylum and albumen, and being deficient in nitrogen. Scrofula has therefore been brought in connexion with the spread of potato culture; and Neumann observes, that in Ireland, where potatoes were first cultivated, rachitis is so frequent, that it was called by the English, the "Irish sickness." The Germans, not distinguishing whether they received the potatoes from Ireland or England, but observing the frequency of rachitis consequent upon the cultivation of the plant, call rickets the "English disease." Potatoes, boiled in the peel, and then allowed to get cold again and to serve as a substitute for bread, seem to cause the greatest tendency to scrofula.

The first stage of scrofula consists in a certain acrimony of blood, ultimately causing changes of structure and form, altered secretions, and deficient or abnormal development. The scrofulous poison being once secreted, produces local disease. The morbid matter is, in the next stage, absorbed, or merely the softer albuminous parts, whilst the earthy remain and harden into an osseous mass, mostly inducing inflammation and suppuration. In the third stage, affection of vital organs, colliquation and death ensue. Iodine, discovered by Coindet, and largely tested in scrofulous diseases by Lugol, has certainly shown itself useful in hypertrophy of parenchymatous organs, but it was often found unavailing in osseous swellings and scrofulous ophthalmia. Different mineral and vegetable substances have been employed at various times to some advantage, in certain forms of the disease, as antimonial and mercurial preparations, iron, copper, muriate of baryta, bromine, cicuta, jacea, dulcamara, calamus, bark, asafœtida, potash, soda, absorbent earths, cod-liver oil, walnut leaves, and iodine. But in many complications of scrofula, Nauheim promises great advantage by its combination of chlorides with bromine, iron, and carbonic acid, and by the easy assimilation of the water. Many children have been cured of their scrofulous habit, and of phthisical tendency. Nauheim shows itself particularly useful in scrofula of the mesenteric glands, with a distended and hardened abdomen, emaciation, pallid and puffed up complexion, deranged digestion, obstruction alternating with diarrhœa of acrid fetid evacuations, tendency to mucosity, to helminthiasis, and in retarded development, connected with precocious appearance, &c. In very young children, equal parts of Kurbrunnen and milk are administered; sometimes decoction of malt is added with great advantage to the baths. If the disease has lasted beyond puberty, it becomes more obstinate, though less dangerous.

Resolution of glandular swelling sometimes begins during the course, under the appearance of furuncular bath eruption, then stops apparently, and is often completed some time after having left the spa. Scrofulous ulcers are made to assume a healthier appearance, to secrete a more benignant pus, and to become more tractable to ordinary treatment.

In cutaneous diseases, based on scrofula, the soole-baths are very useful; connected with mother-ley, they are said to have rendered excellent services in cases of lupus and ulceration of dermic tissue; scrofulous affection of the respiratory organs are likewise benefitted by the spa. Bronchial mucosity becomes dissolved and loosened by the Kurbrunnen. Confirmed phthysis will of course not be benefitted by the springs, but when tubercular matter is forming in the blood, its deposition into the pulmonary tissue may be prevented by an early use of the "soole," which may be supposed to dissolve the coagulable albumen (forming the tubercular matter) by loosening the viscid mucus, which obstructs the bronchial ramifications, and thus by removing the impediment to circulation which might dispose to tubercular deposit,. This tendency is still more counteracted by the increased abdominal functions, which consequently diminish the dangerons pulmonic obstruction and congestion. Indirectly, the Soole-baths are beneficial in this disease by strengthening the skin and removing the tendency to catarrhs, which sometimes induce the development or deposition of tubercles. The air of the graduation works acts as a powerful adjunct, even causing the healthy to respire with more ease. Tubercular disease is very rare amongst the inhabitants. Nauheim is also very efficacious in scrofulous ophthalmia; the photophobia and characteristic ulcers of the cornea disappear in a very short time, without leaving obscurity; maculæ become also sometimes absorbed; the spa is less useful in palpebral inflammation.

The secretion of the meibomian glands becomes diminished, but the induration is not cured without medical assistance. Scrofulous otorrhœa is benefitted by douches of carbonic acid and injections of "Soole" into the eustachian tube. The bath also showed itself beneficial in scrofulous diseases of the joints, viz., softening (rachitis), or chronic inflammation without softening, but with necrotic mortification of pieces (spina ventosa), or loosening and swelling, with a tendency to carious ulceration (pædarthrocace).

The spa shows likewise some curative power in chronic abdominal diseases, with hæmorrhoidal tendency, and is apt to cause flowing of the piles. It diminishes the venosity of the blood, and thus helps to remove obstructions of the portal system, and of the glandular abdominal organs. Its solvent power is exercised in so gradual a manner, that cerebral congestion is not to be apprehended. By reappearance of suppressed piles, physconia of the liver and spleen have frequently disappeared. The soole-baths also exercise a very beneficial influence on catamenial derangements, produced by congestion or obstruction of the uterus and ovaries. The Soole acts as a decided emmenagogue, and is greatly assisted in this respect by the carbonic acid. On the other hand, profuse menstruation, with colic and other nervous symptoms, is diminished. The baths are particularly beneficial to young girls, where the regular appearance of menstruation is retarded or occasionally omitted. The inclination to abortus and deficient conceptive power, is often removed by the baths, used in combination with injections and douches; but they are not less useful in the epoch of cessation of period, and in the many derangements based on the omission of this habitual outlet; they are apt to remove local congestions by increasing the normal functions of the secretory and excretory functions.

Its utility in gout and rheumatism may be inferred from the properties already detailed.

Schwalheim, being often resorted to in connexion with the above spa, lies about half a league to the east of Nauheim, in the

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shoulder joint. The next morning the left shoulder became similarly affected; then the elbow-joints and wrists. Anti-arthritic treatment produced abundant crises through skin and kidneys; the swellings diminished, the hands and forearm could be moved without pain, but the shoulder joints remained immovable, and the slightest attempt to move the upper arm created violent pains; the patient became emaciated, the bones seemed barely covered with a dry, tense, and parchment-like skin, which by its icteric color, showed the liver to be affected (perceptible enlargement of this organ was also present). Digestion prostrate, stools only ensue through clysters and opening medicines. The good season approaching, under these circumstances, Dr. Bode recommended with confidence the soole-baths, but, unfortunately, they only increased the disorder, and had therefore to be discontinued. With some diffidence, Dr. Bode then tried the dry gas-baths. The weakness of the patient scarcely allowed him to drag himself to the well-shaft, but in the gas he found himself perfectly free from pain. All medicines were discontinued, and merely the gas-baths employed. In the third week, copious diarrhœa ensued, with fetid evacuations, and at last with some blood, which stopped spontaneously after a few days. The relief progressed steadily and uninterruptedly. Then the soole-baths were given and well borne, and completed the cure.

valley of the Wetter, near Dorheim. The chief well was reconstructed in 1831, and on this occasion, at the depth of sixteen feet, two springs were discovered to arise out of basalt. The water of the chief well was analyzed in 1831 by Wurzer, latterly by Liebig, who found it to contain in sixteen ounces 18.61 grains of solid constituents, viz :—

Cloride of Sodium	11.94 gr.
,, Magnesium	1.08 ,,
Sulphate of soda	0.62 ,,
Carbonate of magnesia	0.41 ,,
,, Lime	4.31 ,,
,, Iron	0.08 ,,
Silex	0.14 ,,
Traces of bromine and crenic acid.	
Total	18,61

It contains besides 22.72 grains = 49.44 cubic inches of free carbonic acid. It surpasses, therefore, the other acidulous springs in its quantity of carbonic acid, for

Fachingen contains in sixteen ounces	19.68 cubic inches.
The acidulous spring of Pyrmont	21.0 ,,
Geilnau	23.77 ,,
(Nieder) Selters	26.45 ,,
The Ludwigsbrunnen, near Gross Karben	40.9 ,,

Its specific gravity is 1,002 ; its temperature 8.5° Reaumur = $51\frac{1}{4}^{0}$ Fahr. summer and winter. If left exposed to the air for some time, a brown flocculent mass is precipitated, but in well-corked vessels the composition remains unchanged for years. Though 150,000 bottles are annually exported, a great part of the spring flows unused into the Wetter. The taste is piquant, agreeably acid, and cooling. It is often drunk with wine and sugar as a cooling beverage. It is refreshing in fever. It acts as a solvent and diuretic, and raises at the same time the sunken reproductive power. Its easy assimilation allows its employment in cases where more ferrugineous waters would not be borne. It is often drunk as an after cure, when the course at Nauheim is completed. By itself, it is particularly useful in catarrh and hemorrhoids of the bladder, in renal pains, and tendency to lithiasis. Taken in time, it invariably prevents the formation or development of these diseases, calculi being unknown in this neighbourhood. It is also useful in dyspepsia, flatulence, acidity, habitual constipation, obstruction in the abdominal organs. In chronic bronchial catarrh it acts very beneficially, if drunk with warm milk. In several forms of scrofula it is taken internally, whilst the Soole-baths of Nauheim are employed, thus increasing, to a certain extent, their sphere of utility.

(*To be continued.*)

CASE OF CONGENITAL MALFORMATION.

By H. J. SWANN, Esq.

I have always looked upon the tales of superstitious people and old women as nonsense, for I have noticed if a child is born with any particular mark, though they never thought of it before, when made acquainted with it, they will hesitate for some time, as if trying to recollect something that had previously occurred, and are sure to find a cause for it, if it be only a small nævus.

About a fortnight before the publication of your first number, at least on the 25th of September, I attended a female in this village of the name of Middleton, whose child (a fine boy) is a precisely similar case to those communicated by Dr. Webster, in your first number, with this difference only, that there is but one projection situated over the end of the radius, having muscular motion, but devoid of bone or nail. It is the left arm, the elbow joint perfect, both ulna and radius distinctly felt, and the stump from the elbow joint about an inch and a half long. As it occurred a few days before your first number came out, I took no notice of it, and therefore made no inquiries; but, after reading the cases alluded to, I called upon the woman and inquired of her the supposed cause. She at first told me she did not know, but asked me whether the following would be the cause,—I will give it in her own words, (I may just remark that this woman works in a parchment-maker's yard, and generally in the splitting house). She stated, "I was one day, during my pregnancy, turning the splitting machine, when the man that directs the course of the skin through the machine, with his shirt-sleeves tucked up, took up the large knife he uses and pretended to strike his arm with it, about two or three inches below the elbow, and, with an oath, declared he would chop it off. I recollect rubbing my own arm at the time, and remarking to the man, 'If God should make you do it, what an awful thing it would be for you!' I did feel somewhat frightened, but not about myself being pregnant, for I never thought about it. I do not know how far I had advanced in pregnancy."

I have thus stated the fact, as given to me ; but it gives no clue as to the why or wherefore this can take place. Suppose this woman had been pregnant six months, with the fœtus perfectly formed, how can a simple sight of anything similar produce the death of a portion of the child? To me it appears almost impossible. But such is the fact, and time alone must unravel the mystery.

H. J. SWANN, Surgeon.

Banowden, October 30, 1850.

CORRESPONDENCE.

To the Editor of 'The Institute.'

Sir,—I observe in last week's number, that the Council of the College of Surgeons propose to elect another batch of Fellows from those who have been members of the College for twenty years, on the recommendation of six Fellows, and on the payment of ten guineas! I consider this a very hard case upon those members who may wish to obtain the distinguished honour, to have to pay ten guineas ; when among members who received the appointment in the first batch without that payment, were some who had not been members for twenty years. Is not every one admitted a member on the same qualification? If the F.R.C.S. is to be an honorary title, let it be so by conferring honour where honour is due, on all who have been members of the College for twenty years, on the recommendation of six Fellows: and let not the payment of ten guineas prevent our being united as one respectable body.

I am, Sir, your obedient and humble servant,

JOHN GREENING, M.R.C.S. & L.A.C.

Worcester, Oct. 28th, 1850.

To the Editor of 'The Institute.'

Sir,—I think that you will agree with me that the correct pronunciation of the words forming the beautifully accurate nomenclature of medical science cannot be a matter of indifference. Under such conviction, I venture to address you upon the present occasion, with particular reference to the word *Hyoid*, which I find by some, pronounced naturally, as spelt, while others obstinately persist in pronouncing it as if spelt *uoid*, which pronunciation seems to me entirely based upon error. It must proceed from an idea of its derivation from the Greek ὑοειδής, and a desire to preserve what they consider the true pronunciation of the letter υ. But here is an entire misapprehension of the force of the Greek letter υ, which is, in modern Greek, pronounced as our *i* or *y*; thus, τύπτο is pronounced "*tipto*," and such was doubtless the practice of the ancient Greeks, as evidenced by the fact, that in Latin words derived from the Greek, υ is always replaced by *y*, as *hydra* from ὕδρα, *hydrophobia* from ὑδροφοβια, &c., and such we find to be universally the case in words of our own language derived from the Greek.

Again, those who pronounce "*hyoid*" as "*uoid*," seem to lose all sight of the analogy, not only of the language generally, but of the similar and closely connected words "styloid," and "thyroid," which might, with equal reason, be called *stuloid* and *thuroid*, producing a confusion disastrous to any nomenclature.

Again, they seem totally to forget the aspirate upon the υ, which the true spirit of derivation, and the analogy of all such words as "Hydrocele," "Hydrargyrum," "Hydrophobia," &c., should lead them to preserve. It seems to me very strange that any men can be found so totally to pervert the pronunciation of a word, the true derivative and analogical pronunciation of which is brought so evidently before their senses as in the present instance.

Requesting the favour of your opinion on the matter (one, I submit, of considerable interest), I remain, with thanks for your attention. Y.

Oct. 23, 1850.

THE DUTY OF LOCAL SOCIETIES.

To the Editor of 'The Institute.'

Sir,—It is a common complaint that the public feel no sympathy with the efforts of medical reformers. We are adjured to appeal to the clergy, the gentry, and the people; to invoke their interests, and move their gratitude, in support of the generous and enlightened designs we seek to achieve. Our failure, hitherto, has been attributed to their apathy. Convinced of the essential justice of our cause, and believing in the indispensability of our services to the well-being of society, we wonder at the procrastination of Parliament, and the indifference of the public.

We are told to imitate the efforts of the other professional bodies; but, sir, our habits and our position in society are inimical to public agitation. The clergy are a popular body, enjoying peculiar facilities for stating their grievances; they live in the eye and the ear of the people, and their habits of public address adapt them to the business of agitation. Even the lawyers, diffident as they are of urging their claims upon public gratitude, would manage matters better than ourselves. They might not, indeed, convene a public meeting to support the abuses of the Court of Chancery; but they would take care to exercise their influence in Parliament; and it would be found that in a bad cause they would be enabled to exert infinitely more power than we could in a good one.

Unlike the clergy, we have no platform for agitation, and no Bench of Bishops; unlike the lawyers, we have no officers high in public esteem, and no Attorney-General and Lord High Chancellor in Parliament.

What then, sir, must we do? Clearly, one thing—act upon the members of the Legislature at all opportunities, and especially through the elections. *Local Societies* should be formed for this *single object*. The principles of Medical Reform have been debated and canvassed for many decades of years, and if we have not attained unanimity, it is because there are too many conflicting interests to permit us to expect it. As many, therefore, as approve of the principles and sentiments your journal advocates, should aid you in disseminating them, and especially in urging them upon the attention of members of Parliament, through whom your aims can be worked with most effect. If the press be the head, or thinking organ, local societies should be the head or working organ of the profession. Mere discussion, after a subject has been advanced to a certain point, is valueless; it is worse, for it almost invariably breeds dissension; but discussion, aided and enforced by the practical agency of societies, is converted into a weapon of aggression, which few erroneous systems, however antiquated, will be found able to resist.

I would therefore recommend that local societies should confine themselves, in their public efforts, to the single duty of informing and advising the members of the legislature upon this most important subject of a reform of our profession. When the next session arrives, it is probable that another debate will take place in the House of Commons upon the subject of Medical Reform; and it is most expedient that, prior to that period, deputations should be appointed by such societies as are already formed, and by others that we may hope will be hereafter constituted, to wait upon the members of boroughs and counties, with the view of obtaining from them distinct pledges to support the interests of the General Practitioners in Parliament.

With best wishes,
I am, Sir, your obedient Servant
PUBLIUS.

London, October 28th, 1850.

To the Editor of 'The Institute.'

Sir,—I beg to forward you the following case of an acephalous child, which has been communicated to me by Mr. Unthank, of Nottingham; this, with the other cases recorded in the *Institute*, strengthens the opinion that deep mental impressions, and more particularly those arising from fear, occurring to females in the early periods of pregnancy, do, in many instances, arrest the development of the fœtus, and give rise to the anomalous condition occasionally presented at birth.

RICHARD WALLACE.

Hackney-road, Oct. 30th, 1850.

Mr. Unthank states, that "I attended Mrs. Boots on the 24th of April, 1850, with her second child, at the full period of utero gestation of an acephalous male child. My patient told me that when she was about two months advanced in pregnancy she went into Wombwell's menagerie, in October, 1849, and took particular notice of four monkeys, each performing different antics. Her attention was so rivetted that she could not take her eyes from them. Her husband went with her, and at this period left her to look at the other animals in the show. He must have left her side more than ten minutes, yet she never missed him. During the whole time of her pregnancy she had frightful dreams that she should give birth to some ugly animal, which preyed much upon her mind. The child survived its birth 24 hours, during which time it made a peculiar noise in the larynx, from expiration and inspiration; it was full-grown; its arms and legs remarkably long, with a face very much like the animal mentioned. The nurse attempted once to give it a little gruel which nearly suffocated it."

Nottingham, Oct. 28th, 1850.

THE INSTITUTE.

LONDON, SATURDAY, NOVEMBER 2, 1850.

SALE OF POISONS.

There is a sluggishness, a *vis inertiæ* in the English character, which, if producing much that is admirable in English institutions, is also one of the greatest impediments the reformer has to encounter. It is not that the English public is blind to the necessity, in many instances, of change; neither is it that the English mind is incapable of that ratiocination by which the necessity of change can be demonstrated; but let Englishmen be ever so strongly convinced, their convictions are not at once realized, but require the slow growth of time, or the sudden stimulus of some powerful impulse for their fulfilment.

In medical matters this characteristic is as evident as in political; and medical reform, although marching rapidly towards consummation, has yet to struggle more against coldness and indifference than against active opposition.

It is about three years since the public were horrified by the discovery, in the counties of Norfolk, Suffolk, and Essex, of wholesale murders by poisoning. In remote and secluded villages, where innocence might be presumed to reign, or crime not to have penetrated, the hand of the murderer had dealt out frequent and subtle death with apparent impunity. What was actually known was far less than what was justly and righteously suspected, and time and the grave had baffled the discovery of far more murders than accident had revealed. Medical ignorance, the supineness of authority, the inefficiency and dependence of the coroner, the niggardly propensities of county magistrates, contributed, without doubt, to the impunity of these crimes. But the principal cause was the facility with which poison was bought and sold in the openest and commonest markets.

The public press, medical and non-medical, rung the alarum when these facts first became known; but the voice and the echoes of that alarm have long since died away, and nothing was done either directly or indirectly to abate the evil. The press was convulsively alive, but the public was, as usual, torpid. The convulsions of the press have ceased, the torpidity of the public still exists.

Hence it is, that while we are writing, three persons await their trial at the approaching assizes for murder by poison, one of them being a woman who, in Essex, two years ago, was acquitted upon three separate indictments for the murder of three separate individuals by the same agency—arsenic. Arsenic is her agent since, as it was before her trial.

We would call our readers' particular attention to one of these cases—the murder of an old lady by her daughter-in-law near Aberystwith in Wales, alleged to have been committed during the present month—because it exemplifies the

utter carelessness by whom, and to whom poison is vended. We take the following extract from the evidence at the inquest :—

"David Jones, apprentice to Mr. Humphries, druggist, of Aberystwith, deposed that, about a month or five weeks ago, he sold some poison to a middle-aged woman. Rowlands, Mr. Humphries's porter, was present at the time. Sold half an ounce by weight, and was paid twopence for it. Wrapped it in white paper, and wrote upon it "poison," both in English and Welsh. Asked the woman what she wanted it for, and she said it was to kill rats. Asked her if she was quite certain it was for rats, and she said—'Yes; do you think I want to poison myself?' Witness asked her where she lived, but had forgotten the place she mentioned. Rowlands said he knew the place, and that it was a respectable farm. The woman got quite angry with witness for questioning her so. Could not say positively that the accused was the person. She was about the height of the accused, but stouter. Did not think that she was the person. Sold poison once before to a man. Should not know him again."

Can a worse state of things be conceived than this? Here is an apprentice, probably of the age of fifteen or sixteen years, allowed to sell arsenic enough to poison a whole village without the slightest inquiry usefully made or usefully recorded. His evidence in reference to the crime committed is valueless. He knows nobody, he remembers nothing, except indeed that he received twopence for the arsenic. Upon one other occasion, he owns to a similar sale of poison to somebody, under similar oblivious circumstances. Surely, here is a wicked and culpable recklessness which ought not to be tolerated one month after its exposure, and the assembling of Parliament.

What remedy can be proposed, is a question which we by no means are desirous of leaving unanswered. We do not disguise from ourselves the difficulties likely to supervene in the ultimate solution of this interesting question. We are aware that, by imposing restrictions upon the legitimate vendors of poison we may create smugglers in poison, those who will carry on their trade secretly and in defiance of the law. It may be urged that now, poisons are openly sold whatever carelessness accompanies their sale, and if prohibitions are legally enacted, a secret violation of those prohibitions must be expected. We feel to some extent the force of these objections to legal interference. But our answer is, that no human law can put down murder by poison. A worthy but too self-sufficient alderman once announced that he had "put down suicide." This was a mistake. The miseries of the world are too rife to prevent self-destruction by magisterial dictation. Neither can we "put down" the improper sale of poisons. But we believe we can diminish their sale, and reduce to a minimum of evil what hitherto, without superintendance and control, has amounted to a maximum.

We propose, therefore, for consideration—especially of the medical profession, to whom all our aims are devoted, and through whose various influences and operations we hope to arrive at the public good—the following suggestions; not esteeming them novel or original, but thinking them worthy of discussion.

Our proposition is this :—An Act of Parliament with these provisions. First, a definition of what should be deemed virulent poisons. In the term "virulent" we would not only include such poisons as strychnia, morphia, arsenic, prussic or oxalic acid, but opium, calomel, antimony and other powerful remedies, safe enough when employed by the skilful practitioner, but virulent poisons when ignorantly or inopportunely administered. Secondly, no person should be allowed to sell or use what are defined as virulent poisons without a license, and all manufacturers requiring the simple use or combination of mineral, corrosive or narcotic poisons, should be included in this provision. We need hardly add, that the expense of the license should be trifling, but fully consistent with the identity and recognition of those to whom it was granted. Thirdly, the prescription of every qualified medical practitioner should be a sufficient warrant to the licensed vendor of poisons. Fourthly, no virulent poison (as defined by the Act) should be sold to any one who did not state in writing, with his name and address, the poison he wanted and the purpose for which he wanted it. If he could not write, then no poison should be sold to him.

We do not at present enter into further details. Such an enactment as we have proposed would have to be fenced in by clauses more or less elaborate, and protected by moderate penalties. Without binding ourselves to the "absolute wisdom" of the suggestions we have made, we believe, at least, that they would put an end to the sale of poisons by ignorant apprentices and the keepers of huckster's and chandler's shops. If so, murder, suicide, and accidental death would be more infrequent than they have been, because poisons of all kinds would be less accessible.

The more we ponder over the correspondence of the Council of the College of Surgeons, with the Right Hon. Sir George Grey, the more inclined are we to think that the twice adopted *ultimatum* of the Council, may, after all, be but a feeler put out to try the temper both of the Minister and the Members of the College, and to be set aside, if necessary, by a still more *ultimate ultimatum*. We have never thought it possible that the Council could come off victorious in their conflict with the common sense of the profession, having no other weapons to combat with, than sophistry and special pleading; and we feel assured that the Council themselves are beginning to feel not a little uncomfortable at the present aspect of the Medical Reform question. Even in the correspondence before us, they have given way considerably; a *leetle* pharmacy — such as mining and manufacturing district Surgeons "may be compelled to practise," is now considered possible, without its rendering the individual so practising a whit less accomplished than the Members of the Council themselves, in the performance of the manual operations of the higher departments of surgery; that consequently the Council might, without much loss of dignity, permit the introduction of a *small* proportion of those who "may be compelled to practise pharmacy," to seats in the Council; that a little pharmacy after all, is not so very objectionable, but that the Council may, in certain cases, overlook it; that it is not so black an art as the Council in their frighted imaginations had fancied it to be; that it was not so entirely composed of brimstone and nitre, and other black and dirty substances, and of so very combustible a nature, as to endanger the safety of the College, by blowing up the Council. If, therefore, they could be certain that the infusion would be almost a nominal one, not strong enough to overpower them, and that the strength of the dose might be measured by themselves only, then, indeed, an homœopathic selection from the Materia Medica might be swallowed, as some poisons are, without the fear of its absolutely destroying the vitality of the parties imbibing them; but alas! for the Council, they will not be permitted to prescribe for themselves, and the dose must be a strong one to be of any service. The disorder they are afflicted with is a very desperate one. Dr. Sir George Grey has been regularly

called in, and he has decided upon administering an alterative. It is quite useless objecting to the remedy—the dose must be taken, and it will most assuredly be increased in potency, until its effects are perceptible in the improvement of the patient. Such, we predict, will be the termination of this unseemly quarrel between the Council of the College and its offended members, if the members only conduct their case with ordinary firmness, and a fair amount of unanimity; but this will only be the payment of an outstanding debt of the Council's, and it goes but a little way towards a settlement of the future arrangements of the profession.

Sir George Grey has significantly asked the question, "In what relative position is it intended that those gentlemen now practising as general practitioners are to remain, and also what the College has in view with respect to gentlemen who may propose to practise in future under the same licence and conditions?" and he further adds, that "in any proposition for the regulation of the profession, it is necessary to have in view the interests of this important class, as respects its existing and future members." We cordially concur in the opinion thus expressed by Sir George Grey, and we are well assured that "the interests of this important class" will, on public considerations, be duly provided for, in any future legislation on medical affairs.

THE PHILOSOPHICAL GAZETTE.

CHEMISTRY.

It is of no small moment to the practitioner who prepares the medicines he administers to his patients, to be acquainted with their chemical properties, and relations. There is no class of remedial agents to which this remark more forcibly applies than to the vegetable alkaloids. Bearing as they do a very high price, and presenting no very definite and obvious physical form or properties, it must be expected (knowing, as we do, the state of morality in commercial men) that they will be adulterated with a variety of substances of little value, and that the cheaper of the group will be mixed with, or substituted for, those which are more expensive. In fact, it may be safely asserted, that the larger part of the vegetable alkaloids in the hands of country practitioners, are in one or other of these methods sophisticated. A complete remedy for this evil can be hoped for only when practical chemistry is as familiar to practitioners as the minor operations of surgery—when the application of tests, and analytical processes, are among their daily occupations. At present, we fear the number of practical chemists among us is comparatively few; but we sincerely hope that one of the results of our labours will be to increase the number daily.

Chemistry in its applications to the elucidation of pathology and therapeutics, is only beginning to be appreciated. Its necessity for the preparation of our remedies, and to guard us against commercial frauds, is more obvious; and we trust the following account of the chemical properties and reactions of the vegetable alkaloids employed medicinally will be most acceptable, as a standard for frequent reference, and that it will be found eminently useful. It is taken from a German work just published by Dr. Fresenius of Weisbaden.

The vegetable alkaloids are divisible into *three groups*, according to certain palpable chemical properties.

First.—Alkaloids, the salts of which being dissolved in water, are precipitated by the addition of potash; but re-dissolve on adding an excess of potash. Morphine.—*this is the only alkaloid at present known possessing this property.*

Second.—Alkaloids precipitated by potash as the former, but do not re-dissolve *in an excess of potash*. And moreover, are precipitated also by bicarbonate of soda, even from acid solutions. Narcotine, Quinine, Cinchonine.

Third.—Alkaloids, precipitated by potash, not soluble in an excess of potash; and not precipitated from acid solutions by the bicarbonates of soda, or potash. Strychnine, Brucine, Veeatrine.

CHEMICAL PROPERTIES OF THE VEGETABLE ALKALOIDS.

I.—Morphine.

1. Morphine is commonly seen in the form of colorless, brilliant, four-sided prisms; when newly-precipitated from solutions of its salts, it appears as a crystalline white powder. Its taste is bitter. It is soluble in boiling water; far less so in cold. Boiling alcohol dissolves one part for about 30, whilst cold requires 90 parts of this solvent. It is insoluble in æther. Its solutions in water and alcohol manifest alkaline reactions to test papers.

2. Morphine neutralizes acids, and forms salts. These salts are soluble in water, and dilute alcohol, but are insoluble in æther. They have a bitter taste. Most of them are crystallizable.

3. Morphine is precipitated from solutions of its salts by potash and ammonia, as a crystalline powder. Excess of potash re-dissolves it, but less readily ammonia. The recently precipitated morphia is dissolved by sal-ammoniac, and slightly by carbonate of ammonia.

4. The carbonates of soda, and potash, precipitate, but do not re-dissolve the morphine, when added in excess. If these carbonates are added to a solution of morphine in potash, the morphine separates in fine crystals, which, examined by a microscope of sufficient power, present the form of quadrilateral prisms.

5. The bicarbonates of soda and potash manifest similar re-actions with morphine.

6. Strong nitric acid poured on morphine, or a concentrated solution of morphine, produces a red or yellowish-red fluid. But dilute solutions of morphine only acquire a yellow tint on boiling with nitric acid.

7. When to neutral solutions of salts of morphine, *neutral perchloride of iron* is added, a beautiful dark blue color is produced, but disappears on addition of an acid.

8. If *iodic acid* is added to a solution of morphine, or its salts, iodine separates, which is well shown by the addition of starch paste.

9. Perchloride of gold produces in concentrated solutions of salts of morphine, a flocculent, yellowish-brown precipitate, which dissolves in an excess of the precipitant. From the solution, if left to stand for a time, metallic gold separates.

II.—Chemical Properties of Narcotine.

1. Narcotine has the form of colorless, brilliant, rhombic prisms. Precipitated from solutions by alkalies it appears as a loose crystalline powder. It is insoluble in water; alcohol and æther dissolve it sparingly when cold, more readily when heated. Narcotine when solid is tasteless, but its solutions in spirits or æther are intensely bitter. Narcotine has neither an alkaline nor acid re-action on test papers.

2. Narcotine forms salts with acids. These have always an acid reaction. Most of them are amorphous, soluble in water, alcohol, and æther. Those with weak acids are decomposed by a large amount of water, and if the acid be volatile, upon simply evaporating these solutions.

3. Narcotine is precipitated from solutions of its salts by alkalies, alkaline carbonates, and bicarbonates; but is not soluble in excess of the precipitant. So precipitated it appears through a powerful microscope as an aggregation of needles.

4. If æther is added to a solution of narcotine, and ammonia, the precipitate is dissolved by the æther, and the clear fluid separates into two distinct layers.

5. Narcotine dissolves in nitric acid; the solution is colourless, but on application of heat, becomes yellow.

6. It dissolves in concentrated sulphuric acid, forming a yellow solution, which becomes brown on heating. If a very small amount of nitric acid is present, the solution becomes of a blood-red colour, which disappears on adding a further amount of nitric acid.

7. Narcotine or its salts dissolved in excess of dilute sulphuric acid, boiled for some minutes, with the addition of finely powdered peroxide of manganese, the alkaloid absorbs oxygen and is converted into opianic acid, cotarnine (a base, soluble in water), and carbonic acid.

III.—Chemical Properties of Quinine.

1. Quinine exists as a white powder, or in crystals, in the form of silky lustrous needles, often aggregated into tufts. It is sparingly soluble in cold, more readily in hot water. It is soluble in alcohol and in æther. All its solutions have an alkaline reaction, and are intensely bitter.

2. Quinine neutralizes acids. Its salts are intensely bitter, mostly crystallizable, and soluble in water, and in spirits.

3. Potash, ammonia, and neutral alkaline carbonates, precipitate quinine from solutions of its salts; the precipitate is at first opaque, and amorphous, but afterwards crystallizes. It dissolves in ammonia, in excess; when a solution of quinine is mixed with ammonia, æther added, and the mixture well shaken, the clear fluid separates into two layers, the æther having dissolved the precipitated quinine.

4. Bicarbonate of soda precipitates quinine from solutions of its salts, as a hydrate. From dilute solutions the quinine precipitates only after some time, and is then crystalline. Violent agitation of the fluid promotes the precipitation.

5. With concentrated nitric acid, its reactions do not differ from narcotine; but with concentrated sulphuric acid, quinine dissolves into a colourless fluid, which does not assume any colour when heated to the boiling point; but afterwards becomes yellow, and then brown. Sulphuric acid mixed with nitric acid forms a colourless, or slightly yellow solution with quinine.

IV.—Chemical Properties of Cinchonine.

1. Cinchonine exists in pellucid four-sided prisms, fine crystalline needles, or as a white powder. Recently prepared, it is tasteless, but, on keeping, it acquires a bitter taste.

Cinchonine is only slightly soluble in boiling water, nearly insoluble in cold. In hot alcohol, absolute, or somewhat dilute, it is soluble, but separates on cooling. Solutions of cinchonine are bitter, and have an alkaline reaction. Cinchonine is insoluble in æther.

2. Cinchonine neutralizes acids completely. Its salts are bitter, crystalline and generally more soluble in water, and dilute alcohol, than the corresponding compounds of quinine. They are insoluble in æther.

3. Cinchonine fuses when carefully heated, and sublimes in white fumes, with a peculiar aromatic odour, which condenses in crystals on cool surfaces.

4. Potash, ammonia, and neutral carbonates of these alkalies produce, in solution of salts of cinchonine, a white loose precipitate of cinchonine, which shows no appearance of crystals, even when magnified 200 or 300 times. The precipitate does not redissolve in excess of the precipitant.

The alkaline bi-carbonates act in the same way, but not so completely. They do not precipitate very dilute solutions.

5. Cinchonine dissolves in concentrated sulphuric acid, forming a colourless fluid, which, on heating, becomes first brown, and then black. Mixed with nitric acid, the solution is still colourless while cold; but, on heating, becomes first yellow, then brown, and finally black.

V.—Chemical Properties of Strychnine.

1. Strychnine appears under three forms—octahedral crystals, four-sided prisms, or a white powder. Its taste is intensely bitter. It is nearly insoluble in cold water, slightly so in hot. It is insoluble in alcohol, and æther; little soluble in dilute alcohol. It does not fuse by heat.

2. Strychnine neutralizes acids completely. Its salts are crystallizable, and soluble in water, and these solutions have an insupportably bitter taste. They are all highly poisonous.

3. Potash, and its carbonate, precipitate strychnine from solutions of its salts, as a white powder, which is insoluble in excess of the precipitants. Under a powerful lens the white powder is crystalline.

4. Ammonia acts in the same way as potash. The precipitate re-dissolves in excess of ammonia, but, after a time, the strychnine crystallizes out of the solution.

5. Bicarbonate of soda precipitates strychnine from neutral solutions in crystalline needles, which do not dissolve in an excess of the precipitant. But the addition of a drop of an acid renders it soluble in the liberated carbonic acid. In acid solutions of salts of strychnine, bicarbonate of soda produces no precipitate, but, after some time, crystals deposit, and carbonic acid is liberated.

6. Iodic acid produces no change in solutions of salts of strychnine in the cold, but, when heated, the fluid becomes of a *violet* colour, and afterwards a brown precipitate separates.

7. Sulpho-cyanide of potassium precipitates strychnine in flat crystalline needles.

8. On placing a drop of concentrated sulphuric acid on a watch glass, and adding a little strychnine, or a salt, it is dissolved without color; but, on then adding a drop of solution of chromate of potash, a deep blue color is produced, which soon changes to red.

9. Concentrated nitric acid dissolves strychnine, and its salts; the solutions are colourless, but on heating become yellow.

10. Perchloride of mercury precipitates strychnine solutions; the precipitate is crystalline, as fine needles aggregated into stars. These re-dissolve on heating, and again re-crystallize on cooling the solution. This precipitate is a double compound.

VI.—Chemical Properties of Brucine.

1. Brucine is seen in three forms: *a.* transparent rhomboidal prisms; *b.* crystallized needles aggregated into stars; *c.* a white powder composed of minute crystalline scales. Brucine is very little soluble in cold, more so in hot water. Both absolute, and dilute alcohol dissolve it readily; but it is insoluble in æther. Its taste is intensely bitter.

2. Brucine neutralizes acids completely. Its salts are soluble in water, intensely bitter, and crystallizable.

3. Potash, and its carbonate, precipitate brucine, and do not redissolve it when in excess. The precipitate thus formed appears under the microscope at first to consist of minute grains, but they soon form into needles, which then arrange themselves into concentric groups.

4. Ammonia produces a white precipitate of brucine like minute drops of oil, which soon form into needles. It soon dissolves in excess of ammonia, but subsequently is slowly deposited again in crystals.

5. Bicarbonate of soda precipitates neutral solutions of salts of brucine; the crystalline precipitate is insoluble in excess of the precipitant, but dissolves freely in free carbonic acid (compare this with strychnine).

6. Concentrated nitric acid dissolves brucine and its salts. The solutions are intensely red, but change to yellow on heating. On adding proto-chloride of tin, or hydro-sulphuret of ammonium, to this yellow solution, it becomes of an intense violet colour.

7. Concentrated sulphuric acid dissolves brucine, producing a faint rose-colored fluid.

8. Iodic acid produces no change in cold solutions of salts of brucine, but, on heating, gives them a wine red tint.

9. Sulpho-cyanide of potassium precipitates brucine in a crystalline powder.

10. Perchloride of mercury has a similar re-action with salts of brucine.

VII.—Chemical Properties of Veratrine.

1. Veratrine appears generally as a pure white, yellowish or greenish-white powder, with an acrid burning taste (not bitter.) It is highly poisonous. Veratrine, even in the most minute quantities, excites violent sneezing.

It is insoluble in water; soluble in alcohol, and slightly so in æther. At a temperature of 120° it fuses like wax, solidifying on cooling into a trasparent yellow mass.

2. Veratrine neutralizes acids completely. Some salts of veratrine are crystallizable, others form a gummy mass. All are soluble in water, and have an acrid burning taste.

3. Potash, ammonia, and the alkaline carbonates, precipitate veratrine from solutions of its salts as a flocculent white powder, which at first is not crystalline under the microscope. After a few minutes it changes, and clusters of short prismatic crystals are seen.

4. With alkaline bi-carbonates, veratrine behaves like strychnine, and brucine.

5. Acted on by concentrated nitric acid, it at first agglutinates into small masses, and dissolves slowly into a reddish yellow solution.

6. With concentrated sulphuric acid it behaves in the same way, only the solution, which is at first of a pale yellow colour, changes to a reddish yellow, then blood red, afterwards crimson, and finally violet.

7. Sulphocyanide of potassium produces only, in concentrated solution of salts of veratrine, flocculent gelatinous precipitates.

VIII.—Chemical Properties of Salicine.

Salicine is not an alkaloid, but a neutral substance. It is frequently used to dilute, in fact, to adulterate, the more expensive alkaloids, and therefore it is added here.

1. Salicine exists in the form of white crystalline needles, and scales of a silky lustre; it has a bitter taste; is readily soluble in water and alcohol, but is insoluble in æther.

2. No reagent precipitates salicine.

3. Acted on by concentrated sulphuric acid, salicine agglutinates into lumps like resin, and assumes an intense blood-red colour, but does not dissolve in the acid, nor even discolour it.

4. When a solution of salicine in water is mixed with hydrochloric acid, or dilute sulphuric acid, and the mixture boiled for a short time, it suddenly becomes turbid, and deposits a fine granular crystalline substance (salicitine).

(*To be continued.*)

Anatomy of the Cetacea.—The entire group or whale family has usually been placed in systematic works as the connecting link between terrestrial and aquatic animals; and to this arrangement there can be no objection, although it has no doubt directly led to the almost universal error of considering them as fishes, and this extends even to the Acts of the British Parliament. The truth is, however, the human species being taken as the type of comparison, that the whale approaches nearer to man, in many most important particulars, than to any other animal! It resembles man in the great development of the nervous system, size of brain, &c.; in the generative system of organs, male and female, they bear the closest analogy: the uterus is literally a counterpart, and is organized so as to produce only one at a birth, and might, in fact, as in the young Mysticetus I have examined, have been passed off as the human uterus, even to a tolerable anatomist. The female suckles her young for a very long period, and in affectionate solicitude for her offspring does not fall short of the Roman matron, in unhesitatingly sacrificing her life for its protection and safety. The circulating and respiratory systems are precisely similar, the blood being even warmer or in a higher degree of oxygenization: they are mild and gentle in all their habits; so that were it not for the adaptation of their locomotive organs to the watery element *on* which they live, they ought to be placed near the top of the scale instead of at the bottom. The whale, in fact, lives on the surface of the ocean, and the adaptation of their locomotive powers to their habits forms a subject of delightful contemplation to all well-constituted minds. No part of the economy, however, of the entire tribe is so truly wonderful as the baleen, a texture confined to only a few species. In the whale provided with this unique structure, it has been found that the *fœtus*, or in other words, previous to birth, the jaws are provided with numerous dental pulps (rudimentary pulps), which are discovered in grooves in the usual situation—they have, however, to be sought for about the third or fourth month of gestation, for from that period they begin to be absorbed, to disappear; the grooves in the lower jaw close up, and nothing whatever of the structure remains in either jaw; the palate gets covered with baleen, formed so as to act as a strainer or filter, and the lower jaw is furnished with a lip or gum of large dimensions, so as to aid the baleen in its functions as a strainer in catching animals of a microscopic size, in large quantities. In this case we have a formation of a perfect character, arranged evidently to meet a necessity. In the Cachalot, a whale of equal dimensions to the Mysticetus, there are teeth! and no vestige of baleen. Again, the respiratory system required something more than mere modification. The animal was to be a traveller *on* the mighty deep, but he had to procure his subsistence *in* the vast abyss; he has lungs of large dimensions, and the circulation of the blood is strictly that of man; he requires occasionally to dive to great depths, and to remain under the surface of the water for an unusual length of time, greatly exceeding the seal, beaver, and other aquatic Mammalia. This emergency is provided for by an arterial reservoir of pure and highly-oxidized blood accumulated around the nervous centres; but chiefly near the respiratory nerves. The seal and other aquatic animals have only a receptacle for the nervous blood: the whale alone possesses the arterial reservoir. The structure of this depository is perfect, and equally illustrative of design in the animal economy. The tail, instead of being vertical, as in all other fishes, is *horizontal*, forming the grand instrument of progression in all the Cetacea. The comparative anatomist here again finds deep matter for contemplation; it is a substitute for, *not* a combination of the posterior extremities and tail of other animals; it is acted upon by muscles of locomotion, by voluntary and also by involuntary respiratory muscles; so that, when he dives, he does so by a muscular effort precisely similar to man, he remains below the surface under the same circumstances as the pearl diver, and ascends when he pleases; but if the immersion is continued until the complete exhaustion of his arterial reservoir, the involuntary muscles will act, and the consequent movement of the tail will bring him to the surface. Nearly every structure has been misnamed in the whale: thus the nostrils are called spiracles, blowholes, &c., they impart the nostrils and have not altered their usual position: they open on the surface of the face, the jaws being merely enormously prolonged, although in the Cachalot the nostrils are similar to those of the seal. The windpipe is singularly modified in some of the Cetacea; in the Mysticetus and other whales with baleen, the structure does not differ much from man; the baleen appears to act so perfectly as a filter in collecting the food and rejecting the water, that the act of swallowing is performed with ease and safety to the air passages; there exists however, a dilatation or bag on the anterior aspect of the trachea capable of containing 2 or 3 lbs. of water, or a proportional quantity of air; but the real uses of which have not been explained. I have found this bag only in the whales with baleen: it is muscular, the muscular fibres being arranged in such a manner as to direct air into it, without passing at the same time into the lungs: thus acting in some way as a sort of guardian to the respiratory organs. As the olfactory nerves are so rudimentary in the whale, as to have escaped the observation of anatomists, it is just possible that this bag may in part make up the deficiency in the organ of smell.

In the smaller toothed species of the Cetacea, however, the cartilages of the larynx are greatly prolonged so as evidently to admit of being brought close to the posterior opening of the nose, thereby establishing a direct communication between the external atmospheric air and the lungs.

The digestive organs, as the stomach, &c., present very considerable modifications. In the whale the stomach is composed of various compartments, in many respects resembling that of the herbivorous Mammalia, although from the want of teeth, we may safely conclude that he does not ruminate! The intestines are of great length.—*G. F. Knox, M.D., in the New Zealand Magazine, No. I., for January*, 1850, p. 7.

Interesting Ornithological Discovery.—Among an interesting collection of fossil and recent objects of Natural History just received by Dr. Mantell from his son in New Zealand, there is the skin of a bird hitherto unknown to naturalists, except in a fossil state. With the skulls and bones, and egg-shells of the colossal moas discovered by Mr. Walter Mantell at Rangatapu, and now in the British Museum, were crania and bones of the trunk, &c., of a large bird of the rail family, which from some peculiarities in the skull was assigned to a new genus, with the name of *Notornis*. According to then atives a large species of rail, which they called *tákahé* or *moho*, formerly existed in great numbers with the Dinornis, but the race was believed to have been extirpated by the hunters and the wild cats, no living or dead specimen having been seen since the European colonists took possession of New Zealand. The specimen sent by Mr. Mantell is, therefore, unique, and, independently of its rarity, is of great interest to the ornithologist and the palæontologist, for, like the dodo, this peculiar type must soon be extinguished, if, indeed, the present individual be not the last of the race. The bird is two feet high, of a rich dark purple colour, with red beak and legs, and is allied to the Porphyrio of the antipodes. This bird will be figured and described by Mr. Gould in the supplement to his grand work on the birds of Australia.—*The Times, Saturday, October 26th*, 1850.

As a pendant to the above, we may lay before our readers a few extracts from an ablé paper on the Geology of New Zealand, written by the Rev. R. Taylor, which appears in the 'New Zealand Magazine' for April, 1850. After adducing the disappearance of the noble Kauri tree, as a proof that the climate of the Middle Island has materially changed in consequence of the progressive elevation of that portion of New Zealand above the sea-level, the author continues:—

"Another proof to be adduced in favour of this hypothesis is the Moa, the gigantic ostrich of these Islands. This remarkable family exclusively belongs to a mild climate; a warmer one than that of the regions where the remains of the Moa are now found. Formerly, not only were these birds numerous in the southern parts of the North Island, but in the southern parts of the Middle Island as well. The remains of the gigantic Moa are seldom found without their being intermingled with those of several different sized species of the same bird. Hence it is to be inferred that the climate was once suitable for them, since they abounded, and at a comparatively recent period too, for their bones are found in only a partially fossilized state. To what, then, can we ascribe their extinction, but to a change of climate? Man has nothing to do with their destruction.* That they have existed at a comparatively recent period, is proved by their bones. Native tradition also asserts it. In the Middle Island it is yet to be ascertained whether the Moa is extinct.†"

* "It is singular that the old natives affirm, since their early days, there has been a wonderful decrease of those birds which they regarded as their chief means of subsistenc, such as the Kiwi, Weka, and Kakapo, though they were formerly so abundant, that they could obtain them everywhere without difficulty; they are now so rare as seldom to be met with, and the Kakapo is all but extinct in the Northern Island. This is not to be attributed to anything connected with the coming of Europeans, but rather to some other cause—perhaps to change of climate. The European cat, dog, and rat, are all more recently introduced enemies, and great ones too; but, before their appearance, the natural supply had begun to decrease, so much so that they were greatly pinched for food before the Europeans came, whose arrival was so opportune, that we may ascribe it justly to God's good providence among other benefits to furnish fresh means of sustenance for the Aborigines of these isles, when their own had so remarkably failed.

† "Mr. Meurant, employed by the Government as native interpreter, stated to me that in the latter end of 1823, he saw the flesh of the Moa in Molyneaux

CITRATE OF CAFEINE.—Our contemporaries, the Lancet and the British and Foreign Medico-Chirurgical, quote a paper by M. Huron, a Belgian practitioner, on the wonderful efficacy of citrate of cafeine in brow-ague or megrim. Now all the chemists who have investigated cafeine describe it as a *neutral body*, and not a base or alkaloid; consequently, the supposed citrate of cafeine, for the preparation of which an elaborate formula is given, is anything but such a body as its name imports. We await an examination of the supposed citrate by competent chemists before we recommend it to the attention of practitioners.

MEDICAL INTELLIGENCE.

PROFESSOR FORBES'S INTRODUCTORY LECTURE AT KING'S COLLEGE.

To the Editor of 'The Institute.'

MY DEAR SIR,—I was delighted with the discourse of my friend, Professor Forbes, delivered at King's College, introductory to the opening of the Medical Session of the School. It was so full of the dignity of the sciences to which it was introductory, and contained such a just appreciation of the advantages arising to the medical student, from an enlarged system of education and the cultivation of the collateral sciences, and, in such perfect accordance and harmony with the great principles so ably advocated by the projectors of the 'Institute,' that I cannot resist the impulse to send you a few passages for insertion in your Journal. It is refreshing to hear the open avowal and eloquent advocacy of such sentiments as those of Professor Forbes, and indeed, of other public teachers in London, in the face of that servile spirit, which would limit the acquirements of the general practitioner, even in one of his most important departments—*surgery*—to that *modicum* of professional knowledge, which may be thought sufficient for the common exigencies of every-day life. The Council of the Royal College of Surgeons, be it known, have openly avowed that they require no more from the candidates for their diploma!

The address was delivered to a large class, the great majority of which will, one day, take their station in the ranks of the general practitioners of this country; and I am sure, Sir, that you and every one of our body, will join me in thanking Professor Forbes on this occasion.

Yours, &c.,
A GENERAL PRACTITIONER.

London, October 28, 1850.

"I can bear disinterested testimony to the greatness of the profession upon which you are intending to enter—to its dignified and humane character—to the learning and energy and unselfishness of its members—to the admirable and enlightened spirit of medical education, especially as conducted in institutions such as this—to the great benefits which science generally owes to medicine and its votaries—and to the lustre which, in return, the scientific and literary acquirements of medical men cast upon their noble profession.

"The studies which engage the attention, and occupy the time, of the medical students, may be classified under three groups. Human and general anatomy, physiology, pathology, and materia medica, lay a sound foundation of accurate and indispensable knowledge."

"The history of the rise and progress of medicine and its collateral sciences shows how intimately they are connected together, and how surely their development is mutual—a parallelism, doubtless, dependent on the identity of the methods of investigation which have brought about their present high position. In the ancient world, with a few bright individual exceptions, and those bright more by the force of genius than of sound knowledge, medicine was empiricism, chemistry was non-existent, natural history, with the single exception of the works of that most wonderful of human intellects, Aristotle, a mere heap of old women's tales. During the ages which were illuminated by many of the brightest geniuses in history, poetry, and eloquence, the sciences of observation were almost wholly neglected. Yet who can doubt that if the men who then wasted vast intellectual powers over hypothetical speculations, had applied themselves to the solving of Nature's secrets, by casting aside the false pride of intellect wrapped up in a web of sophistry, and by going humbly to Nature's own fountain, there to drink the waters of truth, and, by questioning the sources of the spring, to learn modestly, through sedulous observation and experiment,—who can doubt, that not only would the world have far advanced in chemical and physiological knowledge, but the anguish and suffering of millions would have been relieved, and myriads snatched from premature death, which even a moderate progress in medical science would have prevented? Yet too true it is,—as true now as anciently,—that men, as a mass, have a tendency to prefer the vague and obscure region of hypothesis to the bright and open fields of truth, arrived at by the simple paths of observation and induction. In the course of your future professional career, many of you may be sorely tempted to wander aside into the dark and hazy way, even as now we see the phantom fancies of homœopathy, and similar will-o'-the-wisps, occasionally followed by men intended for better things—to the unbalanced and untrained imaginative mind there are great temptations to pursue eccentric paths,—but ground yourselves well in all your professional studies, whether practical or collateral; train yourselves well to exercise a rigorous observation and an unbiassed judgment; and you will not only be secure in your own progress through a successful career, but also have the high gratification—always dear to a well-regulated mind—of advancing the science which you have chosen as your profession, and earning thereby the gratitude of those who will come after you.

"Medicine, chemistry, and natural history, commenced to assume their scientific character when men began to acquire knowledge through the interrogation of Nature. Medicine was foremost, for, by the anatomical researches of Vesalius the foundation-stone was laid of modern physiological science, as well as of practical medicine and surgery; and the whole course of the life of that great man shows how thoroughly he understood the bearing and importance of his own researches, and the strong and proud faith he held in the truthward direction of the bold path he had chosen. The brilliant discoveries and philosophical views of the great men who followed,—of Harvey, of Asellius, of Malpighi, and others, who steadily marched in the course of careful observation and, at the same time, bold reasoning, serve as bright illustrations of the sure way to discovery.

"The strength which medicine may gain by a union with the collateral sciences, and by the following up of the methods of investigation most appropriate to it and them, is finely exemplified in the life and works of Haller. In that illustrious man you have the type of the accomplished physician, a model to set before yourselves for imitation. The more brilliant the pattern you seek to imitate, the nearer are you likely to approach its perfection. A student cannot be too ambitious in his aims at excellence, and if he fail in attaining the height to which at first he aspired, he will never regret having made the attempt. The effort to rise itself raises us. The imitation of the excellencies of a great and good man is itself a step towards greatness and goodness. The vast combination of sound knowledge which distinguished Haller, and the greatness to which he attained, although likely to be acquired by few, if any, hereafter, should not be regarded as exceptional and inimitable, but rather be studied with a view to the discovery of the manner in which that knowledge, and wisdom, and greatness was attained. Such men appear among us to show us how much it is possible to do, not to deter us from attempting to do again that which they did. And how did this mighty physician and philosopher become what he was? By careful and incessant observation, by sound and common-sense reasoning, by bold thinking, by incessant industry, without ever neglecting the common duties of life. By such a course did Haller attain his pre-eminence. Who will dare to say that the path is not still open to every one? Few possess his genius, but all are capable of treading in his steps; and, if they cannot become as great, need only to work as he did; use good sense, diligence in study, determination to let no opportunity of learning pass; resolve to leave none of the duties of a good citizen undone, or to neglect any of the means—far more abundant now than in the days of Haller—of acquiring a refined taste, and an ample acquaintance with literature as well as with science, and they will be sure of future professional success."

"There is a vulgar prejudice which still holds with weak or uneducated persons, but which will disappear before the progress of enlightened education, that to be eminent or able in the medical or any other profession, the less you have to do

harbour; since that period he has seen feathers of the same kind in the natives' hair. They were of a black or dark colour, with a purple edge, having quills like those of the albatross in size, but much coarser. He saw a Moa bone which reached four inches above his hip from the ground, and as thick as his knee, with flesh and sinews upon it. The flesh looked like bull-beef. The slaves, who were from the interior, said that it was still to be found inland. The natives told him that the one whose flesh he had seen was a dead one which they had found accidentally, that they had often endeavoured to snare them but without success. A man named George Pauley, now living in Foveaux Straits, told him he had seen the Moa, which he described as being an immense monster, standing about twenty feet high. He saw it near a lake in the interior. It ran from him, and he also from it. He saw its footmarks before he came to the river Tairi, and the mountains. Thomas Chaseland, the man who interpreted for Meurant, was well acquainted with the Maori language. He also saw the flesh, and, at first, they thought it was human."

with other sciences than your own the better, Like many a sorry weed, it has a deep root in uncultivated ground. A more absurd, or more pernicious fallacy could not have taken hold of the popular mind. I mention it because it is mainly opposed to all I have said this morning. What is the real state of the case? Read the lives of the great physicians and surgeons of the past; inquire into the acquirements of those who now hold the foremost rank; and what do we find? Instead of answering to the vulgar notion, they have been and are exactly the reverse. Past and present they have been scholars and gentlemen, men of science or men of taste, each and all possessing knowledge and acquirements in no small degree out of the course of their profession. I speak of men in active practice. The whole history of the profession shows that even a deep and original acquaintance with various branches of science or learning is quite compatible with the successful and diligent pursuit of the practice of the medical profession. In all professions, provided a man knows his own thoroughly, the more he knows out of his peculiar pursuit, the more enlightened is that man, and the better able to follow his own occupation with success and originality. It would be easy to point to numerous examples of what I say, both in London and in the country. In my own science I could call to witness the vast services which have been rendered to it, and the minute and original inquiries conducted by members of the medical profession who are engaged in arduous practices, and were never known to neglect a patient. Let no one persuade you, gentlemen, that a neglect of science or of literature is necessary to professional success. Never let either interfere with the fullest attention to your professional studies; but at the same time always bear in mind, that accomplishments will ever add lustre to the profession to which you belong."

"Always, in all you do, bear in mind the inherent nobleness of your profession. It is too true, I know, that, in our country, the higher social honours never fall to its share—that whilst nobility and high place in the state are accorded freely to the cautious and wily politician, to the astute and industrious lawyer, to the brave, though possibly unintellectual soldier, and even to the successful accumulator of wealth, the man whose life has been spent in alleviating the sufferings of his fellow-creatures, and who has devoted a fine and cultivated intellect to studies by the bedside of the sick,—it may be in the successful hope of discovering means whereby to soothe the bodily anguish and benefit the health of generations to come,—must look for his reward in his own commending conscience, and in the generous approbation of his fellow-labourers in science. But, after all, gentlemen, that reward is nobler than any worldly distinction or high-sounding title—honours which, even when acquired, would probably be shared with a majority unworthy of honour. The names of the benefactors of mankind, whether through philanthropic exertions, or their labours in science, in literature, and in art, shine as bright stars in the firmament of fame, when the time-serving notabilities of even yesterday have been extinguished and forgotten. The mass of mankind scarcely know how much of the lives of the members of the medical profession—of all, I might say, without exception—is devoted to disinterested, unrewarded, charitable, and philanthropic exertions, for the benefit of their fellow-creatures. The money-gathering citizen, the place-hunting politician, the pleasure-seeking idler, see the chariot of the successful physician pass by, and deem his hours daily and nightly are devoted to the accumulation of lucre, through the exercise of his professional learning. Those who know the profession better, the haunts and habits of medical men, know how, whether successful or unsuccessful, the cry of the poor and penniless sufferer is never uttered in vain, and no time grudged, and the purse-strings freely loosened, where no fee is looked or wished for. Poor or rich, successful or struggling, the members of the medical profession are ever found by the bedside of the miserable and penniless, aiding alike with their skill and their purse, and soothing the suffering by kind words and consolation. In the haunts of misery, among the hovels of wretchedness, everywhere you will find them pursuing their silent way, unobserved save by those who have benefited by their kindness and help, and whose warmly-bestowed blessings are a greater reward than the most brilliant decorations which monarchs can bestow. It is this course of action, gentlemen, which constitutes the nobleness of your profession. Follow in the footsteps of those who have preceded you; go and do likewise; study earnestly and diligently here, so that you may be successful in your professional career hereafter; heap up by your knowledge and accomplishments the fame of the college to which you belong; and you will earn the substantial rewards of your professional skill from the rich and the far-more-to-be-valued blessings of the poor."

UNIVERSITY OF ST. ANDREW'S.

Medical Examination Papers, October, 1850.

First Examination.—To be translated into English.—Sanus homo, qui et bene valet, et suæ spontis est, nullis obligare se legibus debet; ac neque medico, neque iatralipta egere. Hunc oportet varium habere vitæ genus: modo ruri esse, modu in urbe, sæpiusque in agro: navigare, venari, quiescere interdum, sed frequentius se exercere. Siquidem ignavia corpus hebetat, labor firmat; illa maturam senectutem, hic longam adolescentiam reddit. Prodest etiam interdum balneo, interdum aquis frigidis uti: modo ungi, modo id ipsum negligere: nullum cibi genus fugere, quo populus utatur: interdum in convictu esse, interdum ab eo se retrahere: modo plus justo, modo non amplius assumere: bis die potius, quam semel cibum capere, et semper quam plurimum, dummodo hunc concoquat. Sed ut hujus generis exercitationes cibique necessarii sunt; sic athletici supervacui. Nam et intermissus propter civiles aliquas necessitates ordo exercitationis corpus affligit; et ea corpora, quæ more eorum repleta sunt, celerrime et senescunt, et ægrotant.

1. State the ultimate composition of Water, Muriatic Acid, Oxalate of Lime, and Acetate of Potash.
2. What are the compounds of Chlorine with Oxygen?
3. Describe the ordinary tests for Arsenious Acid.
4. What are the usual methods of preparing Calomel, Tartrate of Potash, Tartar Emetic, and Prussic Acid.
5. Mention the most important preparations of Iron, the cases in which they are specially applicable, and the mode and dose in which they should be given.
6. How do Digitalis and Colchicum act, when given in ordinary and in poisonous doses? In what diseases, and in what forms and doses may they be administered? Write a Latin prescription (without using abbreviations) for a diuretic mixture containing Digitalis and Squills.
7. What is Ergot? Mention its most important therapeutic uses, and the best modes of administering it.

Second Examination.—1. Describe the chemical and microscopical characters of healthy venous blood. How are the corpuscles of blood, pus, and milk to be distinguished from one another? 2. Describe the structure of the lungs. 3. Mention the different parts into which the small intestine is divided, and describe its general structure. How can we determine to what division any isolated portion of gut belongs? 4. Describe the course and most important communications of the facial nerve. What is its function? Mention the most striking effects resulting from its paralysis. 5. Describe the course of the spermatic cord and the parts which enter into its formation.

Third Examination.—1. What are the differences between Endemic and Epidemic Diseases? What are the most probable hypotheses regarding the causes of Epidemic Diseases?

2. What are the physical signs and general symptoms of the different stages of Pulmonary Phthisis? With what diseases is it liable to be confounded? Give a sketch of the treatment to be adopted, (1.) To prevent the disease when it is likely to occur; (2.) To arrest its progress when it is incipient or limited in extent; and (3.) To alleviate the most distressing symptoms in hopeless cases.

3. Give the symptoms, diagnosis, and treatment of Carcinoma of the stomach. Which variety of Carcinoma most commonly affects this organ?

4. Describe the Oxalic Diathesis and the proper treatment of it. In what form or forms does Oxalate of Lime appear in the urine, and how do you distinguish it from Uric Acid, and from Ammoniaco-Magnesian Phosphate?

5. Give the distinguishing characters, causes, and treatment of Urticaria, Prurigo, and Psoriasis.

6. What is understood by Caries? Mention its causes, and give a brief outline of the treatment to be pursued.

7. Give the symptoms and treatment of Dissection Wounds.

8. Describe the causes and treatment of tedious labour.

Alleged Charge of Procuring Abortion.—Mr. Edwards, the surgeon, against whom a charge of procuring abortion has some time been pending, surrendered to take his trial on Thursday morning the 24th instant, at the Central Criminal Court. On the part of the crown, Mr. Ballantine stated, that the prosecutrix was not forthcoming, and, although every attempt had been made to procure her attendance, she was not to be found. On the part of Mr. Edwards, his counsel, Mr. Edwin James, Q.C, and Mr.

Parry, stated that Mr. Edwards had been no party directly or indirectly to the absence of the prosecutrix; on the contrary, that gentleman, athough strenuously urged in the first instance by the present prosecutors to fly the country and avoid the charge, had invariably expressed his determination to meet the fullest investigation of his conduct, and was there to-day ready to abide, as he always had been, by that determination. Mr. Justice Erle stated, that under all the circumstances, he felt it his duty to adjourn the case until the next November sessions; but if the prosecutrix did not then appear, Mr. Edwards would be entitled to his acquittal. Mr. Edwards then left the court, accompanied by a great many medical men, to whom he appeared to be known, and who were anxious to hear the proceedings.

Health of London During the Week.—The total number of deaths registered in the metropolitan districts in the week ending last Saturday, was 845. This number is lower than in any of the corresponding weeks of 10 years (1840-9), except those of 1841 and 1845, when the deaths were less than 800; and it is much lower than in the same week of 1843 and 1848, when they rose above 1,100, The present return shows a decrease on the average (corrected for increase of population) of 171 deaths. Taking the three classes of maladies, which together destroyed more than half of the 845 persons who died last week—namely, the epidemic, the tubercular, and those which affect the respiratory organs—it appears that though there is a decrease in each of them, it is still more remarkable in the epidemic. In this class the deaths enumerated are 188 (of which 137 occurred amongst children), whilst the corrected average is 256. Four children and an adult died of smallpox, 24 children of measles, 24 of hooping-cough, 5 of croup, 4 of thrush, 32 persons of scarlatina, 30 of diarrhœa and dysentery, and 49 of typhus. Smallpox continues to exhibit much less than the usual amount of fatality; most of the other complaints mentioned are near the average; typhus a little exceeds it.

In St. Mary, Paddington, at 83, Harrow-road, the wife and daughter of an eating-house keeper, aged respectively 50 and 19 years, died, the former on the 22nd, the latter on the 21st of October, of "bilious fever (3 weeks), peritonitis (in one case 4 days, in the other 4 or 5 days)."

The continued decline of diarrhœa and dysentery is shown by the returns of the last three weeks, in which were successively registered, 57, 37, and 30 deaths.

Last week three deaths were recorded from cholera, and the particulars are as follow:—

In the Borough-road sub-district, at 7, Duke-street, Mint-street, on the 20th of October, a hawker, aged 47, died of "Asiatic cholera" after 12 hours' illness. Mr. Elliott was informed that "the deceased (who resided in a clean and well-managed lodging-house) had been a man of cleanly and temperate habits, and was in tolerably good health immediately before the attack; he had not, so far as was known, partaken of anything likely to induce the disease."

In Lambeth, Waterloo (2nd part), at 21, Isabella-street, on the 19th of October, the son of a costermonger, aged 5 years, died of "cholera, after taking a quantity of vegetable matter picked up in the public street."—(Inquest.)

In Camberwell, at 12, Picton-street, on the 18th of October, the wife of a stone-mason, aged 23 years, died of cholera (20 hours). Mr. Searle adds, that "the drainage is stated to be good, and the neighbourhood open and airy. The deceased had been delivered of a stillborn child about three weeks since."

Intemperance was fatal to two men: in one case, by means of injury received in a state of intoxication; in the other, by generating disease. A wine-broker's clerk, who lived at 1, Marshall's-buildings, Shoreditch, and died on 12th October, at the age of 40 years, sank under starvation, as appears from the coroner's return—"Natural death, accelerated by privations from want and destitution."

It deserves to be noticed that on the 13th, 18th, and 23rd of October three infants, in different houses, were found dead in bed, or died suddenly in bed, all of them the children of single women.

The births of 693 boys and 669 girls, in all 1,632 children, were registered in the week. The average derived from the returns of corresponding weeks in five years (1845-9) is 1,320.

At the Royal Observatory, Greenwich, the mean reading of the barometer in the week was 29.519 inches. The mean temperature was 42.3°, being lower by 3° than that of the same week on an average of seven years. Since Sunday it has been lower than the average on every day of the week; and on Thursday, when it was lowest, was 6.5° below the average of the same day. The wind blew generally from the north-east.

The following selections are made from the Registrars' reports:—

In Camden Town sub-district, at 6, Passmore-place, on the 20th of October, a carpenter, aged 37 years, died of "disease of the heart." Mr. Holl, the registrar, states, that the place consists of small houses of two rooms, without back windows; damp; sewerage very indifferent.

In Islington East sub-district, at 3, Myrtle-street, Highbury Vale, on the 16th of October, the daughter of a labourer, aged 1 year, died of "diarrhœa (2 months), effusion of the brain." Mr. Butterfield states, that "an open sewer runs through the vale, which renders it the most unhealthy part of the district."

In Hackney-road sub-district, at 20, Collingwood-street, on the 24th of October, the daughter of a cooper, aged 11 months, died of "low fever and emaciation." This (says Mr. Murray) is a crowded street with surface drainage.

In Spitalfields sub-district, at 12, Lower Keate-street, on the 21st of October, the son of a leather-dresser, aged 5 years, died of "scarlatina maligna (12 days)." This is described by Mr. Deboos as "a close, crowded, and ill-drained place."

In the return for the week ending October 19, a death was reported at 8, Lloyd's-place, Brompton, and a statement was added regarding "noisome smells," and "defect in the drainage pipes." The proprietor of the house complains of the information given to the registrar by the informant of the death, and observes that "all the present inhabitants of Lloyd's-place, who lived there in 1844, must know that a sewer was then built throughout the place, and the houses drained into it; it discharges itself into the sewer in the Brompton-road; and this fact may be substantiated by referring to the Sewers-office, whose surveyors superintended the work during its progress."

The following deaths were also recorded during the week:—

The daughter of a single woman, aged three months, "found dead in bed, accidentally suffocated." (Inquest).

A cabinet-maker, aged 45 years, "natural death, accelerated by over exertion in stooping to drink at a ball-cock." (Inquest.)

The daughter of a labourer, aged two years, "meningitis (10 days); frightened by a mask."

The son of a single woman, aged four weeks, "accidental asphyxia against his mother's person whilst being carried in the public streets." (Inquest).

Mr. Clark, registrar of the sub-district of Peckham, makes the following statement of deaths registered by him in the last three weeks. The number of persons above 60 years of age is remarkable:—

In the week ending Oct. 12,	of 4 deaths,	2	occurred above 60	years	
,, ,, 19,	of 5 ,,	3	,,	,,	
,, ,, 26,	of 6 ,,	3	,,	,,	
Total ..	.. 15	8	,,	,,	

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

XXXV.—Observations on the Prolonged Expiratory Murmur as a Sign of Incipient Phthisis. By Theophilus Thompson, M.D., F.R.S., Physician to the Hospital for Consumption and Diseases of the Chest.—No argument is necessary to prove that the indications by which we may hope to detect the commencement of tubercular disease in the lungs, demand our special investigation.

The earliest signs which can be traced by auscultation are, probably, first, the modification of the inspiratory murmur, sometimes denominated jerking, in which the inspiration appears to be effected by a succession of waves; and secondly, a modification of the expiratory murmur, consisting in an apparent prolongation, and an increase of coarseness. A careful analysis of the cases under my observation illustrating the first of these signs, namely, wavy inspiration (*Monthly Journal of Med.*, June 1849), has led me, for reasons formerly given, to conclude, that although it may not be a decisive proof of the existence of tubercular disease, yet it probably indicates the presence in the lungs of some deposit of impared vitality; and is, moreover, a sign of great interest and value, as affording evidence of a condition in which the supervention of phthisis, although happily not certain, is nevertheless too probable, and in which the most vigilant attention is required to avert, by suitable means, a further process of deterioration.

The relation of the second sign, namely, prolonged expiratory murmur, to pulmonary consumption, is much more direct and significant; and to the investigation of this phenomenon the present brief communication is directed.

In the ordinary healthy state, the expiratory murmur is very slight, and very little more distinct in one part of the chest than in another. In some individuals the murmur is naturally inaudible, excepting, perhaps, during hurried breathing. Laennec observes, that it sometimes becomes audible during this existence of pneumonia, and disappears on the resolution of the disease. The probable relation between the exaggeration of the murmur, and the commencement of phthisis, did not escape the attention of that illustrious observer; but he does not appear to have recorded any definite observations on the subject. Andral remarks, in his 'Clinique Médicale,' that the presence of a certain number of tubercles in a portion of lung occasions a diminished intensity of the inspiratory murmur, and a sound louder than usual during expiration. The late Dr. James Jackson, of America, noted the co-existence of prolonged expiration, with diminished softness of the inspiratory murmur, in cases of phthisical or pneumonic condensation; and remarked that the bronchial character under such circumstances became manifest in the expiration before it could be detected in the inspiration.

Dr. Cowan (*London Med. Gaz.*, vol. xviii. 332), in an interesting paper on the subject, endeavoured to give a philosophical explanation of this prolonged murmur; but we are indebted to M. Fournet for the most elaborate attempt to describe the progress of change in the expiratory murmur, and to impress the profession with its importance. The subject, however, does not appear to have obtained the attention which it deserves; and various opinions regarding the value of the symptoms are entertained by authorities in auscultation. It has, therefore, appeared to me desirable to review the cases in which I have noted this altered murmur, in the hope of accomplishing my share in the important task of determining its significancy and value. It may be well to premise that I agree with Dr. Walshe in considering the duration of the natural expiratory sound equal to about the fourth of that of the inspiratory. Fournet considered it as only a fifth; but in the cases investigated with a view to this communication, I have not recorded the expiratory murmur as abnormal, unless it were equal in duration to at least one-third of the inspiratory murmur. It is important not to confound the inspiratory and expiratory movements with the inspiratory and expiratory murmurs. The duration of the two movements is nearly, perhaps exactly, equal. In the natural state, the inspiratory murmur occupies the whole time of inspiration; but the expiratory murmur, at least to ordinary ears, only a fourth of the time of expiration; the remaining part of the expiratory movement being accomplished in silence. I believe the expiratory murmur follows the inspiratory immediately without a pause. With the progress of phthisis, the duration of the inspiratory murmur usually lessens materially, though not necessarily, in proportion to the prolongation of the expiratory; and some practice is necessary, in order to acquire an aptitude in determining how much of the alteration depends on diminution of the duration of the inspiratory murmur, and how much on extension of the expiratory; but I have found great assistance in estimating the relative duration of these sounds, from the plan suggested to me by Dr. Sibson, namely, that of counting the number of strokes which can be given by beating time with the finger during the presence of each murmur respectively. The expiratory murmur, as disease advances, may gradually increase until its duration exceeds that of the inspiratory. In proportion to its prolongation, it usually becomes increasingly coarse in quality, and at last decidedly bronchial. A change of character probably accompanies the prolongation from its commencement, but is at first too slight to be positively appreciated. The natural elasticity of the lungs is essential to soft and uniform expiration.

Wherever there is considerable consolidation from tubercular or pneumonic deposit, undoubted bronchial expiration is induced; but between the healthy state and decided consolidation, there are various intermediate conditions. When the walls of the pulmonary cells are only slightly thickened, and the neighbouring structure is becoming occupied with the glairy grayish deposit, studded with little bright cells, which the microscope teaches us to regard as characterizing early phthisis; diminished contractility of the cells, interrupted passage of air, and an increased power of conducting sound, must combine their influence in rendering the expiration murmur more durable, coarse and audible. Such an explanation is in harmony with the production of similar changes in the murmur, when the pulmonary structure is becoming dense from pneumonia, and when the passage of air is obstructed by the secretion in bronchitis.

The object of this communication being mainly to determine the value of the sign in question, as preceding other indications of incipient phthisis, I have excluded in-patients of the Hospital for Consumption, in whom the disease is usually far advanced, from the analysis, confining my researches to the out-patients, and chiefly to those in whom prolonged expiratory murmur was noted as the most prominent of the physical signs. This proves to have been the case in about a sixth of the whole number of consumptive patients submitted to this inquiry. I have recorded it as a principal symptom in 308 patients, of whom 195 were men, and 113 women. The number of women presenting the sign being slightly less than the general proportion of females to males in the list of patients. From the 308 I withdraw twenty, in whom bronchial disease co-existed. In the remaining 288, I observed it almost invariably near the summits of the lungs, where tubercular disease is confessedly most frequent. In 108 the prolonged expiratory murmur was observed only on the right side; in fifty-six on the left. In 124 it existed on both sides, or, at least, is not specified as confined to either. In this observation, a singular contrast is presented to wavy inspiration, the frequency I have observed to preponderate most remarkably in the left side. As commonly occurs in the out-patient department of hospitals, many ceased to attend without reporting the results of treatment, some became decidedly worse, with conclusive signs of rapid progressive tubercular disease; a few gained flesh and strength, and improved in their general health, chiefly under the use of cod-liver oil; but with the exception of those patients who were affected with bronchitis, and two or three others entered as cases of congestion of the lungs, in whom, after cupping and other appropriate treatment, the expiratory murmur resumed its natural character, it is remarkable, that I have not recorded any instance in which this sign, after being fully established, ever ceased to be obvious; whilst in some individuals the duration of the murmur gradually increased, notwithstanding a decided improvement in the constitutional symptoms; and occasionally, at no distant period, a relapse afforded affecting testimony to the accuracy of the first unfavourable prognosis. In a considerable number of the patients, no specific complaint was made, except of debility. In various instances, there were other indications of the existence of phthisis more or less advanced; such, for example, as dull resonance on percussion, bronchophony, partial flattening, cough, hurried breathing, quick pulse, emaciation, night perspirations; but of single special symptoms, the most frequent accompaniment was hæmoptysis, which occurred in 91 cases out of the 288, that is, in more than 31 per cent.

Among our consumptive hospital patients, taken indiscriminately, hæmoptysis has been noticed in about 64 per cent. If we deduct about a third, in whom there was reason to conclude that hæmoptysis did not occur till after softening had taken place, the average number of out-patients, assumed to have this symptom in the first stage, would be about 43 per cent. Whilst, therefore, on the one hand, the co-existence of hæmoptysis in patients with prolonged expiration is sufficiently frequent to strengthen the supposition, that there is an essential connexion between this altered murmur and phthisis; on the other hand, the frequency of hæmoptysis in these cases is so much below its average in consumptive patients generally, that, when viewed in connexion with the frequently trivial character of accompanying symptoms, we feel justified in drawing two important conclusions, namely, first, that the prolonged expiratory murmur takes precedence of other characteristic signs; and secondly, that hæmoptysis more frequently follows than precedes the deposit of tubercle.

Dr. Bowditch observes (Memoir of Dr. Jackson, p. 345), "Every one can decide whether there exists a lengthened expiration, when he cannot tell whether it is bronchial or not. . . . A question has lately been raised, in relation to this interesting subject, of this nature, namely, whether there be not often a prolonged expiration at the top of the right shoulder, and none at the left, and this without any disease? I do not know that this has been proved, and there is a great difference between opinion and proof. At any rate the subject is too important not to excite every one who desires our knowledge of the early stages of phthisis to be advanced; for it is in these early stages that we must hope to be able to do something towards preventing its rapid progress."

The facts in my possession may, I think, assist in determining this question. We agree that the relative frequency of hæmoptysis in a given class of cases of pulmonary disorder, is a fair element for calculating the degree of probability of the existence of a relation between the conditions presented by that class, and tubercular deposit. Now, of the cases referred to in this paper, taken without reference to hæmoptysis, 108 are specified as having prolonged expiration on the right side only; 56 on the left side only. If the peculiarity in question often occurs on the right side as a natural phenomenon, independently of disease, it would follow that the proportion of cases in which hæmoptysis occurs, would be greater amongst those patients in whom the prolonged murmur is observed on the left side, than amongst those present-

ing it on the right ; but it is an interesting fact, that no such discrepancy exists. In the patients affected with hæmoptysis, in whom the altered murmur is noted as confined to one side, it was observed 39 times on the right, and 19 times on the left; a proportion so nearly corresponding to the relative frequency of the sign on the two sides, irrespective of spitting of blood, as decidedly to negative the surmise in question. A disturbed rhythm of murmurs, when established, I believe to be an unnatural condition, and the greater frequency of its detection on the right side may, I conceive, be readily explained : but if the respiratory sounds be naturally rather louder on the right side, the more delicate indications of pulmonary obstruction should first be detected in that direction. It would follow, that in doubtful cases of apprehended phthisis, the absence of any change in the expiratory murmur, at the upper part of the right lung, would be a strong presumptive evidence of freedom from the disease.

It is true, that in certain individuals some degree of febrile action attends tubercular deposit; but it has repeatedly occurred to me, when hereditary phthisis has manifested itself in a family, to be able, on examining the respiration of the surviving members, to prognosticate the approach of phthisis from this sign alone, in the absence of any other suspicious circumstances, either local or general.

When the expiratory murmur is altered, in consequence of emphysema or bronchitis, the extensive diffusion of the sign, and the other concomitant circumstances, will usually suggest a correct interpretation; and if we are careful to separate these sources of fallacy, I cannot but believe that the sign under review will prove no useless refinement, but one well deserving of careful attention, being the most early, significant, and conclusive of the evidences of incipient phthisis.

It is no valid objection, that the detection of the symptom requires close attention, since the object is, to trace the first appreciable inroads of an insidious disease.

When the prolonged expiratory murmur is heard extensively, or on both sides, unassociated with bronchitis or emphysema, there is great reason to fear, not only that the disease is phthisical, but that it will make rapid progress. When the change of murmur is limited to a small portion of lung, and the general condition of the patient is favourable, the evidence of phthisical disease is fully as conclusive ; but there is ground to hope that, by careful regulation of diet, by securing exercise in the open air, by promoting healthy nutrition, and administering suitable remedies, such as iodine, iron solution of potash, and cod-liver oil, more decided mischief may for a time be averted. I have reason to think, that under such circumstances, some years may occasionally elapse before softening takes place ; and I cannot but believe that when this particular sign under consideration is more generally sought for in suspicious cases of phthisical tendency, the average duration of pulmonary consumption, in persons possessing means to avail themselves of necessary comforts, will be found considerably to exceed the [period] commonly assumed. — *Medico-Chirurgical Transactions*, vol. xxxiii.

XXXVI.—Case in which the Urachus remained open, and a Ring-shaped Calculus, formed upon a hair in the Bladder, was extracted through the Umbilicus. By Thomas Paget, F.R.C.S., Surgeon to the Leicester Infirmary.—The following case excited some interest at the time of its occurrence, and may be acceptable to the Royal Medical and Chirurgical Society. The specimen of calculus I send, is the one referred to. It consists of a ring of lithic acid with a fine hair in its axis; the hair being rendered visible where a projecting end has been broken off. The calculus is about as thick as a medium-sized writing quill. The history of the case is as follows:—

John Conquest, ironfounder, aged 40, has, for the last year or more, suffered from frequent and painful micturation, and on sounding I readily found a calculus. He also mentions that upon attempting to make water, and during strong efforts at work, a portion of his urine is apt to escape at the navel, which is open; and that, as far as he knows, this has been the case with him from birth.

Thus far upon his admission to the Leicester Infirmary, August 15th, 1844. On subsequent examination, I found that the nose of the catheter was easily made to appear from the bladder at the umbilical opening; and I hoped the stone, which seemed not a large one, might, without a painful operation, be extracted that way.

Towards this end the most feasible project that occurred was, the distention of the bladder to its utmost, with warm water, the umbilical aperture being tightly plugged, and the patient reclined upon Heurteloup's table, with his head lower than the pelvis, that upon removal of the plug, the calculus might flush out with the water. When, however, all was prepared, and the knife for lithotomy at hand, to be used in case of failure by other means, it occurred to me to try first a finger at the umbilicus. It readily entered, and when at full length down the unnatural passage, caught within the circle of the calculus, sufficiently to enable me to drag it along the side of the bladder, and extract it.

Its annular form, of course, led to a surmise as to what was the nucleus; and on carefully truncating it, the projecting extremity of the hair was seen. The phenomena connected with the opening at the umbilicus, may be thus described. There is a circular deficiency in the linea alba, an inch in diameter, its margin being thickened, and of cartilaginous hardness. Through this protrudes a hernia of the size of a goose's egg, which, in lieu of ordinary integument, is covered by mucous membrane, the surface, however, becoming dry when exposed for any length of time, as that of a vagina when inverted by complete prolapse of the uterus.

He never makes his water while the hernia is out, for when called to an effort for that purpose, the first act of the bladder is gradually to draw into the abdomen the whole of the protruded substance; its first contractions have no other effect, and it seems not to have power to force the urethra until that is accomplished. At the latter part of this act, at the instant of the disappearance of the hernia, there occurs a rather forcible jet of urine from the opening. The flow by the urethra also commences at this juncture, and the bladder is emptied in the usual way, the jet from the umbilicus ceasing, not to be renewed except by a violent accelerating action of the expulsor muscles. He can retain a pint of urine. By watching the first contractions of the bladder, it becomes evident, that to the thickened margin of the umbilical aperture are attached the muscular fibres of the bladder extended along the urachus; in fact, that the bladder and urachus are formed into a urinary receptacle, which, in shape, may be compared to a curved-necked cupping-glass; and the urethra passing out at its lower end, and its mouth being attached by muscle to the circular aperture in the linea alba. It becomes evident, also, that the pouch of the hernia is formed by evasion of the posterior part of the neck only, which is of course attached to the upper half of the aperture; and when protruded, presses upon the hard edge of the lower half, sufficiently to prevent the escape of the urine, except under straining efforts of the abdominal muscles.

The hernia is generally out ; and he wears a girdle with a thick pad of flannel, to catch the jets of water which are apt to occur while he is at work.

After the extraction of the calculus, the man was entirely relieved of his bladder symptoms; and is in consultation with my colleague and friend, Mr. Nedham. It was thought unadvisable to interfere with the congenital defect; he was in a few days discharged. I saw this man at the end of April, 1850. His state then was such as I have above described.

I may, in conclusion, refer to the following extract from Sir Benjamin Brodie's work on 'Diseases of the Urinary Organs' (4th edition, 1849, p. 263), which notices examples of calculi formed on hairs.

"The museum of St. George's Hospital affords two examples of calculous matter deposited on hairs. The calculi are numerous, of a peculiar oblong figure, from one-third of an inch to an inch in length, with the hairs lying longitudinally in them. They are composed chiefly, if not entirely, of the phosphate of lime. One of the patients from whom these were taken, was a young married lady, attended first by Mr. Wilson of Manchester, and afterwards by myself; and in her, the origin of them seemed to be from a small congenital ovarian cyst communicating with the bladder.

"The other patient was an elderly lady, in whom there was no reason to believe that any ovarian disease existed. We know that hairs occasionally are found in other cysts besides those of the ovarium, and they may, in this last mentioned case, have been formed in some such cyst in the kidney. I attended a gentleman who laboured under a calculus of the bladder, also under disease of the kidneys, of which last disease he died, and in whose urine I every now and then detected some very minute hairs, which I suspected to have been of renal origin. Unfortunately the body was not examined after death."

I imagine that the hair, in my own case, must have been one of the pubic hairs, which had found its way into the bladder through the umbilical opening.—*Medico-Chirurgical Transactions*, vol. xxxiii.

XXXVII.—Pulmonary Phthisis, Convulsions, Death. Tuberculous Encephalic Meningitis. By Dr. Ozanam. —Eugene Baylac, aged six years and a half, entered St. Augustine ward the 25th March, 1847. This child, of a weakly and sickly appearance, had coughed for the last two years. The disease gradually progressed, and during the last three weeks he had

become worse, coughed more, and was attacked with hectic fever in violent paroxysms. He remained in this state until the 14th June, very much debilitated with frequent diarrhœa.

The 14th June, in the afternoon, he vomited what he had eaten, with a little bile. In the evening he was seized with slight convulsive movements in the left side of the face. Sometimes it was a slight trembling; sometimes a gentle shake and alternate contraction and relaxation of each muscle; the commissure of the lips was drawn back as in a sardonic laugh, and the teeth were seen. The sides of the nose were also dilated and drawn up; the two eyelids, but especially the left one, were perpetually winking. All the muscles were moved by gentle jerks. They sometimes took a more rapid and less extended movement, more resembling the trembling; and then the oscillations first described recommenced. The face only was convulsed; the eyes were in a convergent squint; the pupils slightly dilated, sensible, and the globe of the eye rolled in the orbit. The child was quite sensible; he not only understood what was said, but, when questioned, he could also answer in a few words badly articulated. The difficulty of speech was not caused alone by the motions of the mouth and lips, but also by those of the tongue; when the mouth was opened (there was no trismus), it was perceived that the tongue followed the contraction of the other muscles by moving backwards and forwards. The patient did not complain of any particular pain; he did not suffer in the head, or from cramp in the limbs, these last were not paralysed or contracted; the sight was natural. Slight constipation had followed the diarrhœa. An enema of mercurial honey, 60 grammes; oxide of white zinc, 0.20.

The convulsions continued from six o'clock in the evening until midnight; they then ceased for some hours and recommenced in the morning, and lasted *without interruption* the whole of the day. An ethereal dose was given. The constipation was removed by the mercurial enema. The night passed less painfully, and the dose appeared to calm the child.

The 17th, the movements were less frequent in the face, although not a minute passed without perceiving some muscular contractions. The patient was very much debilitated but still sensible; he could no longer speak, the pulse increased every day in frequency, but diminished in strength. The night was passed in the same state. On the morning of the 18th, the convulsions became stronger, the muscles also of the left side of the neck were contracted, and when the head was laid straight on the pillow, it moved to the left side at each contraction. There was a slight contraction in the two arms. The arm and left hand participated in the convulsive movements already described, but only slightly. The legs were motionless, the eyes squinting, and the pupil very much dilated. The child gradually sank, and died in the morning.

Post Mortem Examination.—Miliary tubercles developed in a portion of the dura mater, about two inches long and one wide, were found upon the right hemisphere of the brain, about the middle, near the large sulcus. Partial meningitis was developed round the tubercles. False membranes of a yellow colour, partly adherent and following the anfractuosities of the cerebrum, and the ridges of the vessels, were found. Above, and in the same place, *encephalitis*, characterised by the brick-red colouring of the cerebral tissue, by its greater hardness, by its dark red ecchymotic points, like small capillary hæmorrhages; these were especially disseminated at the limits of the inflammation, which they bordered like a fringe on red points. The superficial extent of the inflamed substance was the same as that of the meningitis, its depth was nearly an inch; at one place, in the middle of the healthy cerebral substance, similar red points, but without any inflammation around them, were found.

A considerable vessel, which followed a ridge of the cerebral membranes, and sunk into the cerebrum, was very hard, and contained curdled blood, hard as in the phlebitis.

There were a great many tubercles disseminated in both lungs, but no cavity.

Remarks.—In the preceding case, we might at the outset, in considering the convulsions, have regarded them as constituting the disease, and confounded them with eclampsis. What weakened the idea of a deep-seated lesion of the cerebrum was, that the child retained his senses; that there was no delirium, no paralysis, no cramp, and no lesion of the sensibility and the senses. But, in the character of the convulsions themselves, there are differential signs, so decided, that it is impossible to confound them with eclampsis. The first of these essential distinctions is the mixture of different kinds of convulsive movement. First, there was a very evident *trembling* of the muscles; then *convulsions*, that is to say, interrupted involuntary movements; at last, *contraction* was added. The second distinction is in the duration of the convulsions: after lasting *six* hours, they stopped during four or five hours, and returned with varying violence during fifty hours. The third is the absence of drowsiness and sleep during the intervals of the convulsions.—*Archives Générales de Médecine, March*, 1850.

XXXVIII. The Treatment of Bruises.—The indications of treatment in bruises are, like those in sprains, to avert inflammatory action, to promote absorption of extravasation and exudation, and to restore function. Rest, fomentation, antiphlogistics when required, followed by friction, support, and gradual resumption of use. When the tendency to sanguineous extravasation is great and obvious, immediate and uniform pressure may be expedient, for a time, in order to restrain the accumulation. And, however great this may be, even with pain and tension of the integument, incision should never be practised, at least in the first instance. Many ounces of blood may be absorbed in a short time, leaving the part but little injured by the temporary malposition. But should only the most careful puncture be made, even in slight cases, the atmospheric stimulus is almost certain to induce inflammatory action; profuse and unhealthy suppuration ensues; incision is then required, in earnest, to save texture; the system is untowardly involved; and the cure is both tedious and unsatisfactory. Strip the skin entire; leave the blood to nature during the period of probable excitement; and afterwards contribute towards absorption, by friction, pressure, or other suitable stimuli. A solution of the muriate of ammonia often proves a grateful and efficient sorbefacient in such cases.

Should inflammation occur, and suppuration form in the infiltrated part, then free and early incision should be practised unhesitatingly—according to general principles. But, under all other circumstances, knife and lancet should certainly be withheld in the treatment of a bruised part.

Two vulgar errors obtain in the treatment of sprain and bruise; namely, the too early use of leeches and of friction. Nothing is more common than to apply leeches immediately after infliction of the injury, in order that they may suck out the extravasated, or "bruised blood," as it is called. But these little animals drink only from the running stream, drawing for themselves from the blood-vessels, and, therefore, they fail to perform what is expected of them by their employers. At the same time, their bites, admitting the external air to the extravasated blood, are likely to induce suppuration in the areolar tissue. They are of use only at a more remote period, to moderate inflammatory action, occurring as a secondary result of the injury. Friction, in like manner, is often employed from the first, and of a stimulating nature. The result is, to induce and aggravate inflammatory action; an event which it ought to be our main endeavour to avoid. Friction is expedient only after the period of excitement has passed; and, even then, it must be at first employed gently and with caution.

It should never be forgotten that bruise, though trifling in itself, may be most important in its remote consequences; that, as formerly explained, the plastic exudation and perverted action which ensue, may remain, and prove the nucleus of a tumour, (p. 297.) On this account, treatment should always be directed to complete removal of all trace of the injury; and recurrence of inflammatory action should be especially avoided.—*Principles of Surgery. Miller*, 1850, p. 745.

XXXIX. Hydatid Cyst in the Breast, containing Echinococci; removed by Mr. B. Cooper.—October 28th, 1846.—Mary Doyle, æt. 51, had a lump in her left breast six years. She never suffered any pain in it, but wished to have it removed, as it was a source of annoyance. It felt firm, but not hard. When removed, an incision was made into the tumour, and some clear fluid escaped. The collapsed cyst presented all the characters of an hydatid. Upon its internal surface I saw minute projecting bodies, which, under the microscope, displayed a very beautiful arrangement of concentric laminæ. I detected Ecchinococci with the microscope, and an abundance of their peculiar tentaculæ.

It was equal in size to a walnut of ordinary dimensions.—*The Diseases of the Breast and their Treatment. By John Birkett, F.R.C.S., &c.—p.* 183.

TO CORRESPONDENTS.

Mr. Dunn's promised communication will be most acceptable.

It is most important that fatal cases of Placenta prævia should be published.

We shall be glad to receive Dr. Reid's paper.

We have received the Minutes, Precognition, Report, &c., relative to the case of the child, William Bell, and will give it our best attention.

No. IV. of Pauper Medical Practice, by Theophilus Probe, Esq., has also been received, with thanks. It will appear in our next.

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The *Council of the National Institute*, anxious to extend a knowledge of its Principles, so far as they relate to the public interests and those of the great body of the Profession, desire to state, that it is established with a view to obtain, upon the principle of reciprocity, the Incorporation of the General Practitioners of England and Wales, and to form, irrespectively of the special Colleges, an Institution comprising within itself the entire range of Medical and Surgical knowledge;—also, to sustain the status of this class of practitioners, by requiring of the candidates for its diploma, a satisfactory test by efficient examinations as to their qualification to practise Medicine, Surgery, and Midwifery,—and to correct those social and political grievances existing in the Profession, which the present Medical Institutions, from their special character and the absence of all intercourse with their members, are totally unable to accomplish.

The Council, in thus calling attention to the principles advocated by the National Institute, cannot refrain from expressing a belief that the present unsatisfactory state of the Profession, and the evils by which it is surrounded, are in a great measure to be attributed to the Medical Institutions of the country, being incompatible with the welfare and social interests of the Profession, and the scientific principles upon which the practice of Medicine ought to be based.

The Council of the Institute have been long sensible of the evils alluded to; and being confident that they are daily increasing, and that the Profession is now suffering, more than at any former period, from the inconsistent and anomalous state of the laws by which it is governed, have, with the view to remedy the grievances complained of, presented to the House of Commons, through James Wyld, Esq., and Colonel Thompson, a Bill for the Independent Incorporation of the General Practitioners, and to which the attention of the Profession is now specially directed. The Council of the National Institute trust that their professional brethren, in discussing the question of Medical Reform, will not allow petty considerations to interfere with a liberal and comprehensive view of the subject; but that they will be convinced of the necessity of acting upon the principle of reciprocity in any attempt that may be made to effect a satisfactory re-organization of the Profession, the propriety of which is evidenced in the letter of Sir George Grey to the Council of the College of Surgeons, dated June 12th, 1850.

That as the introduction of the Bill into Parliament, and the means necessary to be adopted by the Council to facilitate its future progress, will be attended with considerable expense, the Council hope that all who advocate the Incorporation of the General Practitioners will contribute in aid of the object contemplated.

By order of the Council,

HERBERT WILLIAMS, Secretary, *pro. tem.*

Office, 4, Hanover-square, Oct. 1st, 1850.

Subscriptions of any amount may be forwarded by post-office orders or otherwise, either to Edward Tegart, Esq., or John Dodd, Esq., Treasurers, or if by post-office order, made payable at the post-office, Old Cavendish-street.

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No. CVI. and No. XCI. for OCTOBER.

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Critical and Miscellaneous Notices.

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THE INSTITUTE is established by a Proprietary, for the purpose of promoting the *Science* and *Practice of Medicine* on the principle of the Scientific, Educational and Practical UNITY of all its branches. Its objects are:—

1. To supply to every individual engaged in practice, on the principle that Medicine and Surgery are indivisible, all the discoveries and improvements in science and practice as they are day by day developed either at home or abroad.

2. To furnish the profession generally throughout the country with the pages of a journal at their command for the purpose of recording and discussing facts and principles the result of observation and experience, and for that interchange of opinion which has been found so conducive to the advancement of Medical as of all other learning.

3. To provide that numerous and highly important section of the profession who practise Medicine, Surgery and Midwifery as one science, as also those individuals who, although practising particular branches, still admit the unity of medical science, with a journal which may be depended upon for a truthful reprint or a faithful account of all proceedings in parliament or elsewhere, and of all documents, whencesoever they may issue, affecting the interests of Medicine; and to furnish a clear, deliberate, and impartial statement and commentary on every step that may be taken, or measure that may be proposed, with or without authority, for a change in the Medical Institutions or the Medical Polity of the United Kingdom.

4. To advocate, and to aid by every legitimate means in enforcing a REFORM OF THE MEDICAL PROFESSION—Educational Reform—Ethical Reform—Reform in the mode of conducting Practice—Remunerative Reform—Protective Reform—Legislative Reform.

5. To secure the full representation in the legislature of those medical professional questions which affect the public welfare.

6. To promote those great PUBLIC INTERESTS connected with Medical Science and Practice, which are so completely dependent upon the individual and general competency and complete efficiency of the members of the Medical Profession.

To be more explicit, the principles of the Journal are:—

I. As medicine is legitimately practised on the basis of its unity as a science, every attempt to discourage the full and complete operation of this principle, or to disparage and injure those practitioners of the healing art who practise generally, ought to be exposed and counteracted.

II. The exposure and discouragement, by all practical means, of illegal, unqualified, and empirical practice, and the employment of every effort to obtain an efficient penal enactment against unqualified and illegal practitioners.

III. The necessity of a high standard of education and qualification, with sufficient tests, by full, fair, and complete public examinations of every individual, to be authorized by law to practice Medicine, Surgery, and Midwifery.

IV. Reciprocity of practice, based upon a uniformly high standard of qualification, for all the members of the profession of the United Kingdom.

V. The policy and absolute necessity of granting to the General Practitioners of this country, CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

VI. The propriety of merging the *present* class of Apothecaries into the general professional body, with equal rights and privileges; and, under a *new* system, to provide that every future medical practitioner be completely educated in the principles of MEDICINE in the most comprehensive sense, comprising the principles of *Medicine*, *Surgery*, and *Midwifery*.

VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity for a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

Gentlemen of the Medical Profession throughout the country, favourable to the above principles, will oblige by forwarding cases, essays, commentaries and other communications suited for the pages of a Weekly Journal, as one of the means of support to 'The Institute,' and of securing the advocacy of the interests at stake before the Profession, the Government, the Legislature, and the Public.

The same kind of support is confidently anticipated from the medical officers of the army and navy and East India service, surgeons in mining and manufacturing districts, and the medical officers of poor-law unions, all of whom are general practitioners of medicine and surgery

The Journal will be published weekly, price 6*d.*; and will be rendered a full and perfect Repository of all contemporaneous Medical and Surgical knowledge.

This journal may be obtained by booksellers' parcels; from the newsmen, by post, or directly from the office of publication, in which latter case pre-payment will be required.

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UNIVERSITY OF ST. ANDREW'S.

REGULATIONS

OF THE

SENATUS ACADEMICUS,

RESPECTING THE

PROFESSIONAL EDUCATION

OF

CANDIDATES

FOR THE

DEGREE OF DOCTOR OF MEDICINE.

I.—Every Candidate for a Diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—

1. Of unexceptionable moral character;
2. Of having had a liberal and classical education;
3. Of having completed the twenty-first year of his age.

II.—Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Royal College of Physicians of London, of the Faculty of Physicians and Surgeons of Glasgow, and of the London Apothecaries' Company, are eligible as Candidates for the degree of Doctor of Medicine, on producing their Diploma or License.

III.—Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended Lectures delivered by Professors in some University, or by Fellows of the Royal College of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or three winter and three summer sessions in the following branches:—

1. Anatomy	Two Courses of six months each.			
2. Practical Anatomy or Dissections	Twelve months.			
3. Physiology	One Course of six months.			
4. Chemistry	One	do.	do.	
5. Practical Chemistry	One	do.	of three months.	
6. Materia Medica and Pharmacy	One	do.	do.	
7. Midwifery, and Diseases of Women and Children	One	do.	do.	
8. Surgery	One	do.	of six months.	
9. Clinical Surgery	One	do.	do.	
10. Practice of Medicine	One	do.	do.	
11. Clinical Medicine	One	do.	do.	

And that they have diligently attended, for at least two entire years, the Physician's practice in some General Hospital in Great Britain or Ireland, containing at least one hundred beds, and having a regular establishment of Physicians as well as Surgeons.

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The examinations take place twice a-year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods, by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination extends over two days, and is conducted partly in writing and partly orally.

On the first day, candidates are required to give a written translation of a passage from a Latin medical author, and are examined in the elements of Chemistry, in Materia Medica, and in Anatomy and Physiology.

On the second day, they are examined in Pathology and the Practice of Medicine, in the Principles of Surgery, and in Midwifery.

The degree is conferred on the following morning by the Rector, in the hall of the public library of the University, and the diplomas are signed by the Principals and Professors of the University.

As the Examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—

Wilson's Elements of Chemistry.

Christison's Dispensatory, or Pereira's Materia Medica (especially the section treating of the mode of action, uses, and administration of medicines), and the London, Edinburgh, or Dublin Pharmacopœia.

Quain's Elements of Anatomy, 5th ed.

Carpenter's Principles of Human Physiology.

Watson's Lectures on the Principles and Practice of Physic; Williams's Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

JAMES M'BEAN, A.M., Secretary.

ORIGINAL COMMUNICATIONS.

SMALL DOSES OF MEDICINE NOT HOMŒOPATHIC DOSES.—THE HOMŒOPATHIC QUACKERY.

By THOMAS H. SMITH, Esq.

A FOOT-NOTE appended to the very interesting paper by Dr. D'Alquen, on the Treatment of Dysentery, has suggested a few remarks.

After recommending, in a particular stage of that disease, "four drops of tincture of opium, diffused in 2 lbs. of lukewarm water," he adds, "this seems to be quite a homœopathic dose; still we would thank the reader to judge of its merits only after a trial."

This is so far—very far—from being, as stated, a homœopathic dose, that I am induced once more to call the attention of the profession to what that dose, as described by its advocates, really is; and thus leave homœopathic therapeutics to rest on their own merits. Nor is this unimportant; for in these days of "the pseudo quackery of Hahnemann, and the real quackery of—any other man," * we cannot be too careful to retain for the legitimate realm of physic all that fairly appertains to it. I do not doubt the efficacy of the dose recommended by your correspondent, and for this reason am anxious to show that it has nothing whatever in common with homœopathy. All practical observers are aware that in certain stages of many disorders, very small doses of remedial agents may be given with advantage; but the dose of opium here prescribed is *as a grain of sand to the whole globe* larger than those sanctioned by Hahnemann! In the 19th vol. of the 'Medical Gazette' I published the following calculations. Their accuracy has not been questioned. Mr. Durnford ventured upon a sort of general defence of homœopathy in the same journal, but did not question the accuracy of the calculations. His defence amounted to this:—a recommendation that I should try it! The only reply I could trust myself to make, was by publishing a short list of acute diseases affecting vital organs, and asking if any man *dare* venture really to rely, for their treatment, on the doses described?

"Take opium—the dose is described as the two decillionth part of a grain. Now, trillions and decillions are very pretty words, to which, however, we can affix no definite or even approximate idea. We are not aware how the powers of numbers mount up, unless we have occasion to apply our minds to a close and accurate investigation of them. When we talk of a decillion, we know we are naming a number which consists of a unit with 60 (*sixty*) ciphers in its train; but if we would form any sort of notion of its magnitude, we can only reach it by taking some enormous intermediate integer.

"The diameter of the earth is about 8,000 miles; the solid contents of spheres vary as the cube of their respective diameters. The population of the world has been calculated at about 800 millions; and homœopathic doses of opium at two decillionth parts of a grain.

"Upon these data we proceed. From one grain of opium abrade an atomic particle which shall bear the same proportion to the whole grain, that a spherule the one-thousandth part of an inch in diameter bears to the globe on which we stand: divide this particle into homœopathic doses, and cause each individual on the face of the earth to swallow a dose every second; it would take 20 millions of years to take the particle described.

"But opium is a powerful medicine! Take a drug of milder properties—capsicum, which one takes in such formidable allopathic doses with boiled beef." Let us see how Hahnemann administers it. This he attenuates to the tenth degree; that is, he would give a globule of sugar or spirit, which are his only vehicles, containing one trillionth part of a grain of capsicum; *that is, one part of capsicum to one trillionth of the same parts of sugar.* "Now, suppose we wished to attenuate one grain of capsicum in this proportion, we should, of course, require one trillion grains of sugar. Can any one say off-hand within a ship-load or so, how much stowage we should require for a trillion grains of sugar?

"Take a West Indiaman of 600 tons; if we freight ten thousand such ships, and let each perform ten thousand voyages, there would still remain above half a million of such ship-loads at Jamaica, out of the trillion grains." The calculation is simple enough, and may be easily tested.

So with the other vehicle employed—pure spirit. By a simple calculation, it may be proved, that to dissolve one grain of capsicum to be divided into homœopathic doses, allowing one minim of spirit for each dose, "*it would require above thirty-two thousand six hundred vessels, each the size of the great Pyramid of Egypt, to contain spirit enough.*"

It is marvellous that any one endowed with reason should put faith in such absurdity; and still more, that educated men should be found testifying to the efficacy of these globules in the cure of disease.

But my business is not on this occasion with them. I write merely to show that the administration of small, or even minute, doses of medicine by the allopath, cannot be said in the slightest degree to invade the *peculiar* territory of the homœopathist.

St. Mary Cray, Kent, November 2nd, 1850.

* Dr. Gregory's Introductory Lecture at St. Thomas's Hospital, Oct. 1, 1850.

CASES IN GENERAL PRACTICE.

By G. WEBSTER, M.D., M.R.C.S.Ed.

On Diphtheritis, and Ulcerated Sore Throat, involving the Larynx.

No. II.

(*Continued from page* 101).

Case 4.—Jane Thornback, aged 4, July 26, 1828. Of a feeble constitution and delicate appearance. Has been complaining for a fortnight of languor, debility, headache, and other feverish symptoms. About a week since she first complained of sore throat, with difficulty in swallowing or articulating, and the tonsils became enlarged externally. Yesterday there was some difficulty in breathing, and there supervened a short, husky, dry, ringing cough, with an inclination to retch, and an occasional sense of strangulation. The present symptoms are—considerable emaciation, pale and sunken countenance, the lips of a purple tinge, respiration increased in frequency, the inspiration sonorous and rattling. The throat is painful; the uvula and both tonsils are swelled and covered with sloughs, the margins of which are ulcerated and of a dark red colour. The pulse is 120, and weak. The bowels have been opened by aperient medicines.

Being fully alive to the danger of this disease, from the fatal termination of the three former cases, I very anxiously considered what means were most likely to afford relief. I had just then been perusing the admirable little work on the use of the nitrate of silver, by Mr. Higginbottom, of Nottingham, which had been placed in my hands by my friend, Dr. Marshall Hall. I observed that Mr. Higginbottom had applied the nitrate to the skin to control certain extremely inflammatory diseases and actions, such as punctured wounds, inflamed absorbents, bruises, and especially to prevent the extension of erysipelas. It appeared to me not improbable that the application of nitrate of silver externally over the throat, larynx, and trachea, might exert a degree of controlling power over the inflammatory action of these parts. I therefore resolved to try its effects applied in this manner, and also to use a strong solution of the same substance internally to the ulcerated sloughs, from its apparently beneficial effect in the last case, though used late in the disease. I thought that thus my patient might have a chance for her life, which, looking to the fatality of all the other cases, appeared to me in great jeopardy. A space about two inches square having been thoroughly moistened with soft water over the larynx and trachea, a stick of nitrate of silver was carefully passed over the skin twice; this, in a few minutes, produced a slight superficial eschar, if such a term be applicable. A strong solution of the nitrate was also applied with a camel-hair pencil to the ulcerated parts in the fauces, and in two hours this was repeated. A dose of calomel was given immediately, and a mixture with sulphate of magnesia and infusion of roses was ordered to be taken at intervals, till the bowels should be well moved.

8. P.M. On my evening visit I was gratified at finding the symptoms much mitigated. The croupy respiration had nearly disappeared, having altered very considerably about an hour after the application of the nitrate of silver. The countenance was less anxious, and free from the purple tinge. The bowels had not been moved. The solution was again applied to the fauces, which did not produce pain, but externally the eschar smarted a good deal and there were several vesicated spots. A dressing of Cerat. cetacea to be applied.

July 27. The child has passed a good night; the respiration is perfectly natural, the cough is less frequent and without any croupy sound. The countenance is much improved. Pulse 112. Bowels have been several times moved. There is still considerable pain in the throat and great difficulty in swallowing. The ulcers on the tonsils and uvula look more healthy and less extensive than yesterday.

The nitrate of silver, *in substance*, was carefully applied to the ulcers, and the following mixture ordered:—

℞ Decocti Cinchonæ, ℥iss.
Tinct. ejusdem, ʒij.
Syr. Rosæ, ʒij.
Acidi Sulph. dilut. gtt. x. M.
Capt. tert. part. ter in die.

July 28. In all respects improving—respiration free—throat much better—ulcers lessening—bowels confined.

App. Nitr. Argent. faucibus.
Cont. Mist. Cinch.
℞ Hydrarg. Submur. gr. ij.
Pulv. Scammonia gr. v. ft. Pulv. statim sum.

July 29. Still better in all respects; the ulcers are disappearing, leaving a honeycomb appearance of the tonsils. The bowels are sluggish.

App. Nitr. Arg. fauc.
Cont. Mist. et Pulv. Aper.

July 30. She has passed a restless night, and has fresh symptoms of fever, with headache, but there is no difficulty of breathing, or increase of the affection of the throat. The bowels have not acted freely. I ordered a powder with calomel and jalap, and a mixture with sulphate of magnesia to be continued till the bowels act freely.

July 31. The symptoms of fever have disappeared. The throat is quite well, but marks of the ulcers remain. Bowels open.

August 1. She is in all respects convalescent. I confess that I was very much gratified with the result of this case, because it appeared to me, that I had at last been able to bring a plan of treatment to bear on this most intractable form of disease which was sufficient to cope with its formidable symptoms. Be it remembered that the disease was totally unknown in this country at the time of my two first cases in 1824. M. Bretonneau afterwards described the epidemic affection which he witnessed at Tours; and so did Dr. Conolly (who then resided at Tours), in the 'Medical Repository' for December, 1826. Dr. Hamilton gave an account of a similar affection which occurred in the summer of 1826 at Edinburgh, yet neither of these celebrated practitioners found any treatment satisfactory in their cases, when it affected the windpipe. Dr. Abercrombie also witnessed the disease as it occurred in Edinburgh, and he mentions it in his work 'On Diseases of the Stomach and other Abdominal Viscera,' which, however, was not published till some months after the occurrence of my Case No. 4, as given above. All these gentlemen found that bleeding and depletory remedies were inadmissible, and by one consent almost, they trusted to the effects of calomel when the windpipe became affected, but with very little success. Dr. Abercrombie, after alluding to M. Bretonneau and Dr. Hamilton's papers, and describing Diphtheritis as an affection of the mucous membrane, says, "The most formidable termination of it was that in which the affection extended to the larynx, when it was rapidly fatal, with all the symptoms of croup in its most intractable form. In the epidemic of 1826, I saw no case fatal except when the disease extended to the larynx; but of those patients in whom the larynx was distinctly affected, very few recovered." He states that the disease would sometimes go on mildly, and that the fatal affection of the larynx would commence as late as the fourteenth day. He adds, "When the larynx is affected, the danger is extreme, for the disease does not in general bear bleeding, and blisters are apt to run to gangrene. The free use of calomel seems to be the only practice that is capable of arresting it."

In my three first cases calomel was given without any good effect, which led me to a different practice in Case 4, and with the happiest results, as I attributed the recovery chiefly, if not entirely, to the use of the nitrate of silver. I was naturally anxious to test farther the efficacy of the plan of treatment by another case, which soon occurred.

Case 5.—This was a little girl, a child of Mr. B., aged 2½ years, who was recovering from scarlet fever, which she had passed through very mildly. On the 11th day from the first attack, Nov. 7, 1828, she seemed depressed and drooping, and had an accession of febrile symptoms. On examining the throat, the tonsils were found somewhat enlarged, and covered with several ulcerated patches of an ash grey colour, and deeply seated. The respiration was difficult, with a frequent short dry ringing croupy cough. The pulse was 130, and weak; the countenance was rather pale and anxious. The croupy symptoms had come on within two hours of my seeing her. I immediately applied the nitrate of silver to the skin over the tonsils from ear to ear, and down over the larynx and trachea, so as to cover all the parts affected. In two hours the skin was black, and over the larynx and trachea there were several vesications produced. I also applied the solid nitrate to the ulcerated tonsils, and afterwards a strong solution three times a-day. Calomel and scammony were given as a purgative, and a grain of the sulphate of quinine every four hours. I need not enter into minute details —suffice it to say that under this treatment the urgent symptoms disappeared, and in two days the child was free from all danger.

Case 6. unfortunately proved fatal; but it was a complicated one, and differed considerably from the others.

November 25th, 1828.—Jane Thornback, aged 2 years; sister of Case 4. Was seized in the night with a strong convulsion fit, when I was called up to see her. There was no apparent cause for the attack, but as the last molars had not appeared, I scarified the gums, though there was no swelling. Scarlet fever being then prevalent, I naturally suspected it, and examined the throat. There were some very slight ulcerated spots on the tonsils, but no eruption, and the respiration was not at all affected. I ordered leeches to the head, and an aperient powder, with calomel.

Next day there was a return of the convulsions, when I opened the jugular vein, with relief; the fits came on again during the night, when the jugular vein bled rather freely from the struggles of the paroxysms, and the plaster having been rubbed off. No eruption or other symptoms of scarlet fever appeared. I slightly touched the little spots on the tonsils with the nitrate of silver, and they got well. The child seemed to be fast recovering, when, about the eighth or ninth day from the first convulsion (December 4th), she became restless and languid, and did not play about the room as usual. Next day, December 5th, there was a short, dry, croupy cough, and some difficulty of respiration. On examining the throat, the tonsils were again covered with several sloughy ulcers. I immediately applied the nitrate of silver to the tonsils, and externally over the larynx, trachea, and tonsils, as described above. I ordered aperients, and quinine every four hours.

Dec. 6. All the croupy symptoms are worse; the pulse is 140 and weak, and the countenance is tumid and very anxious. As the external application of the nitrate of silver had only produced blackness, I again applied it, which produced vesication. A solution was used internally to the ulcers, but there was considerable difficulty in either applying it or the solid nitrate from the resistance of the little patient.

Dec. 7. Symptoms continued to increase, and she died in the course of the day.

Inspection. I was only allowed to examine the windpipe. The uvula and tonsils were deeply ulcerated. The larynx and trachea exhibited marks of inflammation, though not of a decisive character; there was none of the bright redness which is often seen on mucous membranes after intense inflammation. The under surface of the epiglottis presented a strongly ulcerated appearance. A thin layer of exudation lined the trachea in front, but it did not form a tube as in croup. Muco purulent fluid filled the bronchial tubes. There was no œdema of the glottis.

I have thus given you the early cases of these affections, which occurred in my practice, without going into the later history of Diphtheritis, or of the other affections which affect the windpipe, as it were, *accidentally*. The practice of opening the trachea, in cases where the larynx is affected, has now become common; but as this is always attended with more or less of danger, and to be avoided except in extreme cases, I would impress upon your readers, the vast importance of carefully watching all cases, from whatever causes they may arise, of ulceration of the tonsils, or the neighbouring parts, when there is a chance of their spreading to the windpipe. I still believe that the early and repeated applications of the nitrate of silver, in substance, or solution, according to circumstances, is the very best *local* remedy which can be used in all such cases, whether arising from mere exudation or ulceration of the mucous membrane of the mouth and fauces. By the pursuance of this plan, I have had no case in my practice during the last twenty years, of spurious or modified croup, arising from ulceration, or other affection of contiguous parts; but as I stated at the Medical Society, the other evening, I never consider a patient to be perfectly free from such a risk, while there are any unchecked ulcerated spots or sloughs, in the vicinity of the larynx. Hence the importance of frequently examining the mouth and throat in all suspicious cases, and especially in young subjects, and of never losing sight of such affections, till they are thoroughly checked or destroyed.

Dulwich, Nov. 4, 1850.

performed in the vicinity of important organs; as, for example, ligature of the carotid, during which any indocility of the patient might lead to the wounding of important veins, and in some of the cutting operations in the mouth. Those of a trivial character, in which chloroform is a superfluity, as the slight advantage obtained from its use does not generally compensate for the disagreeable effects produced by the inhalation, such as the smell, headache, and the kind of intoxication that results. 6. There are certain contra-indications to its use in all cases, as acute or chronic affections of the brain, liability to cerebral congestion, great debility, &c. Its employment must, therefore, not be regarded as a mere matter of course; and surgeons, in order to prevent abuse, may often have to discountenance it.—*Gazette des Hôpitaux*, No. 51.

XLV. Cure of Epileptic Insanity of Twenty Years' standing, with Nitrate of Silver. By Professor Laycock, of Indiana.—Epileptic insanity is usually considered incurable. Epilepsy, I may be allowed to remark, seems now to be deemed more amenable to treatment than it was formerly supposed to be. Nitrate of silver is a remedy that has been lately more relied on than any other medical means. One of the most striking cases of benefit from its use has recently been communicated to me by Professsor Laycock, of Indiana. The disease, in this instance, was of twenty years' standing, and of a very severe grade. It commenced at the age of four years, the paroxysms increasing from being monthly to tri-weekly. The patient was a robust man and a hard labourer. No change was instituted in exercise or diet. The treatment was continued with occasional intermissions for twelve months. The effect upon the skin was not perceivable by the patient or his friends, but Dr. Laycock detected it by close scrutiny, whereupon the medicine was discontinued. Since that period, two years have elapsed without any return of the disease. The formula was as follows :—Nitrate of silver, one drachm ; extract of gentian, half an ounce ; to be made into 120 pills, of which one is to be taken three times a day, and gradually increased to twelve.—*Dublin Quarterly Journal, November*, 1850, p. 444.

XLVI.—Chronic Diseases of the Laryngeal Mucous Membrane. Application of Nitrate of Silver to the Larynx in Laryngitis, Hæmoptysis, and Phthisis. By Dr. E. Watson, Professor of Medicine in Anderson's University, &c. &c. Excerpta.

The cases which have occurred in my practice might, I think, be conveniently arranged in two groups, according as the chief complaint of the patient was laryngeal cough or alteration of the voice. Doubtless, both these symptoms do sometimes occur in the same case, and at the same time; but even then it is by no means difficult to discover which is the more severe or important of the two. The patient himself, on applying for advice, at once directs attention to one or the other, as that which he would have removed, and which, being present, constitutes his disease.

I do not mean, in the following essay, to write a systematic account of the varieties of chronic laryngitis; but the fact which I have just mentioned presents itself so constantly to me in my daily experience, and appears to me so well suited to become the basis of a practical classification of these diseases, that I cannot forbear illustrating it by the brief relation of two cases from among those at present under my care.

Case I.—A clergyman began to complain some months ago of hoarseness, and difficulty in making himself heard. These symptoms gradually increased in severity, but still he persevered in the exercise of his usual duties, until one morning, when he spat up "a trifling quantity of blood." His medical attendant relieved his mind at once of all apprehension regarding his lungs, but forbade his appearing for some time in the pulpit. There was no return of the hæmoptysis, but the voice remained weak and husky in spite of various means that were used for its improvement.

Soon afterwards this gentleman became my patient, and his only complaint to me was huskiness and weakness of voice, with speedy hoarseness when he spoke or read aloud for even a short time. On inspecting his throat, the soft palate was seen to be swollen, and a good deal relaxed. The mucous membrane was red and inflamed; and that part of it covering the epiglottis felt swollen, and velvety to the finger.

The history of this case would be incomplete, did I not state that early in the ministerial career of my patient, he was called on to preach in a very large church, and that, in attempting to fill it with his voice, he, perhaps unconsciously, assumed a pitch beyond its natural range. A continuance of exertion in this false tone was, I doubt not, a strong predisposing cause of the affection.

Case II.—The other case is that of a young lady, who, towards the end of last winter, became affected with spotted sore throat which received due treatment, and was supposed to be cured From that time, however, she complained of frequent and pretty severe cough, which was soon accompanied by expectoration. She underwent a variety of treatment, and visited different spas and watering-places without much effect on the symptom just mentioned; but, fortunately, her general health always remained good.

I can detect no abnormality in the chest, except a slight harshness of the respiratory murmur in the large tubes on each side of the upper part of the sternum. The breath-sounds in the larynx are unnaturally loud and rough; and are generally accompanied by a moist râle.

The pharynx is to be seen wide and cavernous. Its mucous membrane is very red in some places, to which large apparent vessels converge, and in other places it seems thin and transparent, loosely stretched over the muscles. To the finger the parts communicate a corresponding sensation of unnatural attenuation, and the epiglottis is felt stiff and narrow at the root of the tongue. The doughy feeling, in a degree natural to these parts, and so remarkable in the preceding case, is altogether absent from this one.

I have already said that this patient's general health is quite good, her appetite is excellent, and her digestion regular. She sleeps well at night; her pulse is slow and regular, and in fact she has no complaint whatever, except the cough and the expectoration of nearly pure mucus, both of which trouble her chiefly on rising in the morning.

In reflecting on the cases narrated, one is led to inquire how it happened that, both these patients being the subjects of chronic laryngitis, the one was seized with cough and expectoration, while the other lost his voice. The previous circumstances of the two patients furnish us with the only answer we can at present give. The clergyman had long over-exerted his voice, the lady had not. Hence, in the former, when the chronic inflammation attacked the mucous membrane of the larynx, it speedily concentrated its energy upon the glottis, which was the most vascular and irritable portion of the organ affected. The circulation through it became thenceforward impeded, and a gradual œdema commenced. Whereas, in the other patient, the force of the inflammation was expended on the secretory apparatus of the pharyngo-laryngeal membrane, its functions became impaired, and vitiated mucus was in a short time copiously poured upon the irritated glottis. Cough in fits, and accompanied by expectoration, was the infallible consequence.

The diagnosis of the actual state of the larynx in chronic cases is often a matter of the utmost difficulty. Little, as we have seen, can be argued from inspection of the fauces; since, when they are morbidly altered, it cannot be concluded that the larynx is similarly changed, and in a large class of cases there is no visible disease in the pharynx, while the symptoms decidedly indicate a laryngeal affection. The great desideratum, then, to which these facts point, is some mechanical contrivance, by means of which we could see at least the epiglottis and the entrance to the larynx; but, hitherto, all attempts at a laryngeal speculum have failed, and we are at present unable to see any part of the larynx, except in certain cases, the tip of the epiglottis. I cannot, therefore, omit entering my humble protest against the vague or erroneous expressions of some writers on this very subject. Thus Dr. Horace Green speaks of "pressing down the tongue," and seeing "the epiglottis standing from its base, erect and œdematous, its edges slightly ulcerated, whilst a vitiated mucous secretion was being constantly poured out from the diseased glands."

The physical signs of the chronic affections of the larynx, do not in general include those which may be seen. More dependence, I think, may be placed on the information obtained by touching the parts with the finger introduced through the mouth. In this way the various changes of the epiglottis may be discovered, and either the doughy feeling of œdema, or the more resisting impression conveyed to the finger in thickening of the mucous membrane itself, may be diagnosed as far down as the thyro-epiglottidean folds, or perhaps in some instances even to the glottis. Ulcers may sometimes be thus detected also, but, excepting syphilitic ulcers, they are seldom so deep or so marked at the edges as to be perceptible in an examination necessarily so hurried as the one of which we are now speaking.

Auscultation and percussion of the larynx and trachea, though often too much neglected, are, I am persuaded, capable of yielding valuable information regarding the state of the lining membrane of these organs. The stethoscopic signs are especially worthy of attention. They consist chiefly in varieties of the respiratory murmur, and of the comparative lengths of the inspiratory and expiratory sounds. Râles are often heard in the larynx, but

permanent ones are very rare. It is likewise of great importance to ascertain the state of the respiratory murmur in the upper parts of the lungs, because its strength or feebleness bears a direct ratio to the obstruction in the larynx. The tones of the voice and the sound of the cough through the stethoscope placed over the thyroid cartilage, should likewise be noted, as indicating the thickness and entireness of the valves of the glottis.

In the treatment of chronic disease of the laryngeal mucous membrane, I place my chief reliance on topical applications to the parts affected, but I do not undervalue or neglect more general measures. Indeed, I should despair of curing the local affection if the health of the patient were unattended to, if exertions of the voice were persisted in, and if the larynx were not freed from every cause of excitement or irritation.

I do not intend, in this place, to enter at large on the history of topical applications to the larynx. For this I must refer to more systematic treatises. Suffice it here to say, that that plan of treatment is no such novelty as many suppose, and that probably it took its origin from our own distinguished countryman, Sir Charles Bell. In his 'Surgical Observations' he relates a case in which he employed a solution of nitrate of silver applied to the interior of the larynx with great benefit. His account of the proceeding is as follows:—"I made a small pad of lint," he says, "and attached it to the ring of a catheter wire, and bent the wire so as to pass over the root of the tongue and epiglottis; I dipped the lint in a solution of twenty grains of the caustic to half an ounce of water, and touched the glottis with it in this manner: with the fingers of my left hand I pressed down the tongue and stretched the forefinger over the epiglottis; then, directing the wire along the finger, I removed the point of the finger from the glottis, and introduced the pad of lint into the opening, and pressed it with my finger." MM. Trousseau and Belloc, without knowing, or at all events without acknowledging, Sir Charles Bell's practice, used the very same method, but substituted a whalebone rod for the catheter wire, and a piece of sponge for the pad of lint. I confess it remains doubtful, whether Sir Charles Bell passed his instrument through the glottis into the larynx. Trousseau and Belloc tell us, they did not with their sponge and whalebone, but had recourse to an ingenious syringe for that purpose. It is, therefore, due to Dr. Horace Green, to acknowledge, that he first declared he could pass a similar instrument to that of Trousseau and Belloc down into the laryngeal cavity. I must say, however, on the other hand, that after trial of various spatulas for holding down the tongue, as recommended by Dr. Green, I have gone back to Sir Charles Bell's plan of introducing the finger upon the laryngeal surface of the epiglottis, and thus guiding the sponge into the rima glottidis. The strength of the solution should vary with the requirements of the case, and it should be applied every day or second day, according to the patient's feelings. After each application, a degree of rawness, sometimes amounting to positive pain will supervene, and while this lasts no new application should be made; but as soon after its subsidence as convenient it may be repeated with benefit. In fact, the sooner it can be done the better; for, powerful as we believe the remedy to be, it is often a long time ere any perceptible improvement takes place, especially when the case is one of long standing. It is of great importance that both surgeon and patient be prepared for this before commencing the treatment, else disappointment will infallibly ensue. All attempts on the part of the patient to test the progress of the cure should be for a time discouraged by the surgeon, and he should carefully avoid appearing to expect improvement by asking after the symptoms, until he has good reason to believe that they are yielding. Indeed, I have seldom found it necessary to ask at all after improvement in such cases, for the patient himself is always fully aware of it when it has occurred, and equally eager to speak of it.

Case V.—A clergyman from the north of Scotland committed himself to my care in January last. Fully six years before, he had been attacked by what he considered a common hoarseness, which he disregarded for a time; but, as it grew worse, he at length sought for medical advice. His case seemed a difficult one, and baffled the treatment of the surgeon who ordinarily attended him. He therefore removed from the country, where his parish was situated, into Glasgow, and put himself under my father's care. He was then treated by frequent leeching and blistering; he was put on a mild and continued course of mercury, followed by one of iodine, and latterly he had caustic issues made at each side of the thyroid cartilage. With these kept open, he resided for several winters in the south of England, and never during his whole treatment did he at all exert his voice, but spoke when necessary in an under tone. At length he returned home, having derived little or no benefit from the means employed, and determined to give up all idea of being able to discharge the duties of a clergyman.

His complaint, however, did not become stationary, for he soon found that not only was he unable to speak aloud, but he could not sit for any length of time in a heated or crowded room. He was therefore debarred from attending public worship, and even when in the same room with a few friends, in private, he latterly felt so oppressed that he was obliged to go out into the fresh air now and again to breathe freely.

He was in this state when he visited me on the 6th of January, 1850. He spoke with apparent difficulty in a low, husky whisper, which in a few minutes became broken and disagreeable. His health was perfectly good, and he had no cough. On examining his throat nothing particular was seen. The mucous membrane was of its usual colour, the palate was not relaxed, and no papules or follicular ulcers were to be discovered.

He complained of a burning pain, and frequently of an intense feeling of dryness in the larynx. The pain was not increased by pressure of the thyroid cartilage from without, but during the process of applying the solution of caustic afterwards, he often mentioned that it smarted at that spot. Percussion of the larynx and trachea was loud and sonorous; the breath sounds were dry and hissing, and both the expiratory and inspiratory were of equal duration; the voice, heard through the stethoscope applied over the thyroid, had a stifled and sometimes almost a croupy tone, and the cough had a similar character.

I lost no time in commencing the topical treatment in this case, at first with a solution of one scruple of the nitrate of silver in an ounce of water. I permitted him to take exercise daily in the open air, but advised the use of the respirator, as the weather was cold and changeable. I also recommended a blister over the larynx, to assist in diminishing its irritability and allow me sooner to pass my sponge through the glottis. This was accomplished in two or three days after commencing the treatment, viz., about the 7th or 8th of January, and continued every day, with few exceptions, till the end of the month. He then found himself so much improved as to be able to attend even a crowded church without feeling oppression of breathing as formerly, and without losing his voice, which was greatly improved, though still husky and irregular, *i.e.*, incapable of modulation. I continued to touch the interior of the larynx, the glottis, and epiglottis, during the whole of February, every second or third day; and I increased the strength of the solution to two scruples of the nitrate of silver to an ounce of water. By the end of this, the second month of treatment, his sensations were so different, and his voice so much improved, that he considered himself cured. He had for some weeks attended public worship regularly twice every Sunday; a habit which he had been obliged to discontinue during the four previous years of his life. He could now speak or read aloud in an ordinary room without difficulty or failure of voice. His tone was firm and clear, and he modulated his voice as much as he had ever done.

I cautioned him against any excessive use of his voice, but encouraged him to exercise it moderately every day. I recommended him still to use the respirator, and to have his throat touched by some surgeon at least once a week, till his voice was fully restored, Since his return home I understand, through his relations, some of whom reside in Glasgow, that his voice remains strong, and that he is free from his other laryngeal symptoms; in fact, as he begins to use his voice more freely, he finds it better and stronger than he expected.

This case is interesting in many points of view. It shows how long this disease may exist in some persons without the cartilages becoming affected, and almost inclines to the belief that it is an essentially different class of affections which terminates in that manner. It at the same time proves that the irritability of the mucous membrane is not easily worn out by time, even in the most favourable circumstances; nay, that it at length becomes so aggravated as to resemble asthma in its paroxysms of spasmodic breathlessness. In some cases I have no doubt that this irritability of the larynx, especially if complicated with ulceration of its lining membrane, becomes an exciting cause of true bronchial asthma. I can, at present, offer only one satisfactory illustration of this statement; but I believe that, if inquiry were more frequently made, cases of the kind would be numerous. If the fact were established, it would lead to an important modification both of our prognosis in cases of chronic laryngitis, and of our treatment in cases of asthma.

In cases of purely laryngeal affection, the fits of breathlessness and sense of suffocation are generally marked enough to occasion much distress to the patient. They are most severe in those cases in which the glottis is principally affected, whether that be by œdema or ulceration. In the latter case the ulcer may not be

ON KALADANA, A NEGLECTED BUT EXCELLENT PURGATIVE.

[By JOHN GARDNER, Esq., M.D., F.C.S., &c.

Kaladana, or Hub ul Nil.—Under this designation there is found in the Eastern bazaars a small, black, angular seed, with a sweetish slightly acrid taste, and little smell, yielding a grey powder. It is used by the natives as a purgative.

Dr. O'Shaughnessey, in his 'Bengal Dispensatory,' describes Kaladana as the seed of the *Pharbitis Ipomœa*, a plant common all over the tropics, abundant in India; and relates the results of his experiments with it as being highly satisfactory, concluding by recommending it as a substitute for jalap in India, both from its being a safe purgative, and on the score of economy.

At my suggestion, Mr. Bullock, of Conduit-street, imported a quantity of these seeds, and furnished me with the powder, which answers the above description. I have administered it in forty cases, chiefly to children, and in every case with most favourable results. On two or three occasions only, have I heard the patient complain of slight nausea or griping. The operation of the medicine is usually in about two or three hours. Dr. O'Shaughnessey compares *kaladana* with jalap—probably rather from the medicine being the seed of one of the *Convolvulaceæ*, the same natural family as the plant of which jalap is the root, than from any resemblance in their mode of action as purgatives. Without being able to state numerically the per centage of persons with whom jalap disagrees, I think I may appeal to the experience of every practitioner to justify the assertion, that it very frequently produces both nausea and severe griping. We combine it with bitartrate of potash, as in the pulv. jalap. co.; we mix it with rhubarb, calomel, scamony and the like, but whether alone or in combination, jalap is a harsh and disagreeable medicine, and it would be fortunate I think if we could banish it from practice. Considerable as our list of purgatives is already, I have always considered our materia medica stands in need of more, and that any addition, if it were of a mild, sure, and non-irritating quality, would be a valuable acquisition.

So far as my experience goes, we have one in *Kaladana*. The only purgative with which this can be associated from a great similarity of action, is castor-oil. It is remarkably certain, very gentle, and having little or no taste, is taken by children most readily.

If any of my readers should think with me, that the addition of a purgative with these properties to his list of remedies be at all desirable, I commend to his attention, observation, and experiment, the Indian *Kaladana*.

51, Mortimer-street, Portman-square,
November 4, 1850.

ON THE USE OF HOT ARM-BATHS IN THE TREATMENT OF CROUP, WITH A FEW REMARKS ON THE GENERAL TREATMENT.

By Dr. D'Alquen.

Croup is one of the most dangerous and pernicious diseases incident to childhood. Dr. Eisenman estimates the mortality to be 50 per cent., and Andral states that during an epidemic of this kind which raged in the year 1825, in a small village in France, out of 60 children who caught the disease, not *one* was saved. Under such circumstances, everything calculated to assist us in combating so formidable a disorder, must be of the greatest importance to the medical attendant. I have the less scruple in laying these few remarks before your readers, as the subject of them (so far at least as they contain any novel proposition) does not in the least interfere with any favourite and received mode of treatment, being fully aware of the grave responsibility which rests with those who venture to offer, publicly, advice in a disorder which admits of no trifling practice, and calls for the most energetic and decisive treatment.

Some years ago, Grahl published an account of the great success he had obtained from the use of hot arm-baths in the treatment of croup. He orders the hands and arms of the little patient to be immersed in hot water above the elbow for about ten minutes or a quarter-of-an-hour, and repeats this operation every half-hour until the urgent symptoms are relieved. The water ought to be as hot as can be borne, and this temperature is kept up by subsequently adding some more hot water. After the bath, the hands and arms are carefully dried and wrapped in hot flannels. He enjoins, also, to cover the head and basin or vessel which contains the water with a cloth, so that the hot and moist air may be breathed by the patient. After the first or second bath the child begins to sneeze, and the nose, which is dry in this affection, like the rest of the air-passages, becomes moist. No sooner has the secretion in the Schneiderian membrane been re-established, than all the distressing symptoms which characterize this disorder disappear. The cough loses its peculiar rough and ringing sound, and the respiration, which was before performed with difficulty and of a stridulous spasmodic character, becomes free and natural.

The principle of the *modus operandi* is obvious enough; nevertheless, the subject has not met with that attention which, to judge from the subsequent experience of a distinguished physician, it seems to deserve. Dr. Bartenstein,* of Hildburghausen, assures me, that ever since his attention had been first drawn to the subject by Grahl, he has employed the hot arm-baths with uniform success, now in upwards of sixty cases; and in most of them, he adds, no further treatment, except the administration of gentle diaphoretic medicines, keeping the patient in bed and warm, had been necessary for the completion of the cure. Uniform success in such an imposing number of cases, to say the least, calls loudly for imitation, though I should not think it advisable to neglect, at the same time, any other treatment which has stood the test of experience. I suppose, in cases where we experience any difficulty in using the arm-baths, flannels dipped in hot-water and applied to the hands and arms, would answer the same purpose. I may here remind the reader of similar applications proposed by others, viz:—Kirby's bags with heated salt; Lehman's hot fomentations by means of the sponge—both are applied to the immediate seat of the disorder, viz., the throat. I can, from my own experience, speak highly in favour of the use of the sponge after Lehman, though great care is necessary to prevent the patient from taking cold during and after the operation.

As regards the general treatment, there still exists a great diversity of opinion amongst the best writers on the subject; but I find the following plan supported by the greatest amount of evidence in its favour.

The diagnosis seldom offers any difficulty. Dyspnœa, *increasing* difficulty of breathing, the peculiar sound of the cough and hoarseness—the latter is always, by children of a tender age, a suspicious symptom—are the best *signa pathognomica*. The distinction of pseudo croup and true croup is of no practical value. It has already been stated that in this disorder no time ought to be lost in taking the most energetic measures—there is *periculum in mora*—for this reason, if there be any doubt about the diagnosis, the proper treatment of croup must, nevertheless, be immediately adopted. All agree as to the necessity of taking blood, though authors differ as to the manner in which this indication is to be fulfilled. General bleeding is advocated by Ghisi, Home, Crawford, Rosen, Bayley, Middleton, Balfour, Turine, Sachse, Frank, &c. Elliotson prefers, likewise, general to local bleeding, and is an advocate for both; but I think Dr. Caustatt justly observes, that with children *under* three years of age, we can always dispense with bleeding from the arm; and that also, in the generality of cases, leeches will answer every purpose of depletion, except in very severe attacks of robust children, with a high degree of inflammation, and other urgent symptoms. Copland, Gœlis, Malfatti, and many others, entertain similar views. The number of leeches must be regulated by the urgency of the case; as a general rule, Canstatt advises to apply to children under five years of age, as many again as the child is years old. The abstraction of blood is to be immediately followed by an emetic in full dose. Some will have the bleeding preceded by the emetic; but I believe, in severe and urgent cases, it is safer to abstract blood first; the emetic will also act quicker and with more certainty under these circumstances. A question of more importance is, which of the usual emetics should be chosen? The Ant. pot. tart. is preferred by Jurine, Leonhardi, Roger Collard, Formey, Sachse, Frank, &c., while, on the other hand, the sulphate of copper is supported by an overwhelming majority. By young children, a dose from three to four grains is in general sufficient to obtain the full effect of an emetic; until this has taken place, the dose is repeated every ten minutes. After free vomiting, the dose of the copper is reduced to $\frac{1}{8}$ or $\frac{1}{2}$ grain, given every half or every other hour, until all *croupy* symptoms have disappeared. In the meantime, it will be proper to resort to applications of another kind. From what has been stated above, hot arm-baths seem to be deserving of the greatest attention. The patient ought to be kept in bed, to encourage the action of the skin. Copland and Gœlis apply blisters to the back of the neck or between the shoulders, which ought, however, to be removed as soon as a redness of the skin has

* The same to whom the public is indebted for the introduction of the bitter mineral water, Friedrich-hall. I hope Dr. Sutro will find an opportunity of noticing the medicinal virtues of this spring, in his interesting review of the continental spas.

been produced. Rademacher applies the Unguent. digitale (Extr. dig. ʒj. Ung. ceræ, ʒj) along the trachea. In conclusion, a few more words as to the use of calomel. Elliotson says: "You will find, whatever disputes there are about mercury, that in acute hydrocephalus, in laryngitis, and trachietis, mercury is of the highest importance. It would be right to give a child as much as it could bear every two or three hours, without vomiting or purging. This is a much better practice than emetics. Many will get better with emetics, but this will be successful in a larger number of instances. With all due deference to so great and worthy an authority, I cannot, after careful examination, recommend the *indiscriminate* use of calomel; but find, on the contrary, that in the same ratio as the treatment with the sulphate of copper has gained ground, the number of advocates for mercury has become diminished. Amongst these are many who combine the calomel with other powerful drugs—some with opium, others with emetics, Schæffer with emetics and moxhus, Wesener with digitalis, &c. If we further consider that a great number of those which are generally cited as supporting the use of mercury, are of a date antecedent to the introduction of copper in the treatment of this disorder, the evidence appears decidedly to be in favour of the latter. Drs. Cheyne, Turine, Albers, Haas, and T. Frank, moreover, esteem calomel either to be useless, or at least as possessing no specific action in this affection. Having protested against the *indiscriminate* use of calomel in croup, it will of course not be denied that it holds still a very high place in the treatment of this disorder, but only *supplementary* in peculiar cases, for instance when emetics might be contraindicated, or in cases where we cannot carry out the depletion to the extent the urgency of the symptoms demand, but which the state of the patient will not admit of.

Brompton, November 6th, 1850.

LEAVES FROM THE DIARY OF A PARISH DOCTOR.

BY THEOPHILUS PROBE, ESQ.

No. IV.

(The New Regime.)

SUDDEN and violent transitions are always dangerous, whether they be of a physical, a moral, or political character. The young novitiate of the laboratory, in his haste and ignorance, pours the concentrated sulphuric acid in one fell swoop into his measure of water, and lo! in a moment, the vessel is shattered into a thousand fragments. Had this experiment been performed *gradatim*, no such consequence had resulted. Sudden grief, sudden joy, and sudden fear have killed their victims; the heart-strings have burst under the influence of too-powerful emotions, which, had they been gently excited, would, by the force of their own elasticity, have recovered from the shock. And know we not how empires have been riven, states and kingdoms lacerated and torn; and blood, like rivers, made to flow, fertilizing land, while human bones, in their hideous ghastliness, have bleached in wilds, and deserts, and ravines! Forms which once held immortal spirits have choked our streets, our roads, our ditches; and simply because of some political movement, which careful and conciliating measures might have averted. Our own nation, in byegone days, has suffered deeply from such political convulsions; and what a long series of years had to pass away ere the ebullition subsided! In a neighbouring country, who shall tell when the wings of Alcyone shall calm its troubled waters? Upwards of thirty years ago, we remember a political orator thus expressing himself, with respect to the French and the French Revolution. We quote it, because it bears in a peculiar manner upon our notion of sudden political transitions:—

"The French" (said he) "were fettered, and enslaved; they were not in possession even of the forms of liberty; their chains were burst asunder, and they were told—they were not only free, but sovereigns. There was no breathing time allowed,—all was abrupt, wild, intoxicating, maddening! What wonder, then, that they were mad? Set food without precaution before a starving man, and he will gorge himself to death. Bring a prisoner from a dark dungeon, and bid him look on the meridian sun,—

> "He will gaze!—
> And blasted with excess of light,
> Close his eyes in endless night."

We have not introduced this proem from a belief that the sudden change from the Old to the New Poor Law was likely to produce effects at all analogous to the consequences we have named. The cause of the poor man is seldom regarded with so much warmth and energy as to be productive of serious political evils; but if this unprepared and unwise transition had had reference to men holding higher rank, and possessing a different status in society, then we know not with what fiery indignation and determined spirit it might have been resisted. Even as it was, however, the low muttering thunder which heralds the storm was heard in every quarter of these proud realms. It needed but the puissant spirit of a Wallace or a Bruce to rouse the injured peasantry, to arm the mechanic, and to convulse the country. The demon of discord plumed his wings, and hovered, like a dark shade armed with lurid lightnings, to wither where they fall. And no wonder, for the change came like a bolt, and the hastiness of its advent seared all within its influence. Even at this moment, although much has passed away, and its poison neutralized, is it not the source of perpetual bickerings—the fruitful cause of painful dissatisfaction? Where is the public press—which has the hardihood to defend it *in toto?* And how much of that mighty engine is exercised in the exposition of its abuses and its faults? It is a fearful indication of the rottenness of a cause, when those who are our friends on most occasions are more inclined to depreciate than sustain that cause.

On the first introduction of the New Poor Law, it required a bold and a hardy man to become a relieving officer. Armed as he was with all legal and proper authority, his position was one not to be envied; and although he was but the organ of an executive, his very office was regarded as nugatory and hateful. Not only those who were the recipients of the bounty he had to dispense, but others of rank and influence, who were inimical to the new regime, regarded him with abhorrence. They felt, as they might be expected to feel, that if the poor were to be supported out of their contributions, it was a hard thing that a stranger should administer them—that they, whose money was employed in relief, should have no hand in its distribution. They felt it was an anomaly; they could not understand it, and they detested the humble organ to whom the law had given this power. Hence, in the onset, these functionaries were shamefully treated; gross threats, cruel taunts, and, in one or two instances, even corporeal inflictions were most abominably exercised on even worthy and innocent men. Happily, time has softened down these feelings: custom has made things familiar, and painful as they still are, anger has succumbed to necessity, and we believe, at the present time, few relieving officers have much to fear. For our own parts, we have had little reason to complain of them; they have been to us always respectful, and ready, as far as their powers went, to do all they could do to meet our desires. We have wished oftentimes that these powers were more extended, and that they, in their actions, guided by medical advisers who have no interest but the well-being of the paupers under their charge, should be freed from that rigid responsibility to persons who, sitting in council, know nothing of the matter, but who, nevertheless, will (as they are by law entitled to do) interfere under mistaken notions of economy, and thereby mar the best endeavours both for the interest of the poor, and themselves likewise. How many cases of this kind have fallen under our own observation!

We find amongst our records, one case in particular, which we will relate *en passant*.

A poor girl suffering from chlorosis, in an extreme state of debility, was sent to us with an order from the relieving officer. We considered that one indication of cure was a free and generous diet, with occasionally a little wine or porter. To this end we ordered meat once a-day, and half-a-pint of porter, and supplied her with a preparation of iron to give general energy, and increase the desire for food. Some few days after, we met the relieving officer, who approached us respectfully, and said:—

"I am sorry I could not obey your order the other day, Sir, with regard to the girl."

"Not obey it, why not?"

"Why, Sir, the fact is, the father is in constant work, and there are two or three boys who earn something, and the Board considered she was not a proper object."

"Do the Board, then, consider they are acting fairly to us by sending us such a patient?"

"The Board had no objection, Sir, to give her a medical order."

"No; they had no objection to giving that which costs them nothing; they know they are safe from charge by virtue of our contract, and make a pauper of the girl, as far as we are concerned, and no further. We think we have little to thank them for; and certainly we think the girl need not be much obliged: for, like the priest in the fable, they will not give one farthing, but do not object to the blessing which in no way interferes with their pockets. Like the priest's blessing, however, our efforts will be worthless without the help we demand."

"But, Sir, the incoming of the family is a pound a-week."

"How do they spend it?"

"There are six children besides the man and woman; the husband is not steady, and spends a deal at the public-house in drink."

"Still, this is an argument against you; if you think they have the means to provide the necessaries of life, and that which is wanted in the sickness of this poor girl, you had no right to make her a pauper by sending her to us.

"Now, Mr. ——, we ask you as a man and a father, looking at that poor sickly girl, and feeling conscious, as you must do, that she needs good support—do you believe from the father's resources she will get it?"

"I do not believe she will. I do not believe it possible; and I wish to God it was in my power to help her. I gave her sixpence out of my own pocket."

Gracious God! is not this a refinement of economy (?) at which the heart sickens? Suffice it, the girl got well, thanks to the benevolent kindness of private individuals whom we interested in her behalf.

The Report of the first Commissioners sent out for the purpose of inquiry into the working of the Old Poor Law, with a view to its improvement, is familiar with most persons. We cannot but think that some of the statements made by those functionaries, having reference to the medical department, have had an injurious effect on the profession itself. Many things were said highly derogatory to our credit and character. We were charged with making paupers; and there can be no doubt the charge was true; but it was in a way analogous to the case we have recorded. The fault was not ours. We bound ourselves by our contracts to be the medical servants of the parish, without any stipulation as to the number of paupers we were to attend. We lay wholly and entirely at the mercy of the authorities of the parish, and they, in their determination to have a full *quod* for their *quo*, sent to the doctor almost any one who applied. Thus, we have ourselves attended, under a parish order, the servants of families, small tradespeople, and even higglers who could boast of a horse in the stable and a pig in the sty. We were thus instrumental, through the bad judgment of others, in making paupers. But should the blame rest on us? Certainly not. We were called upon to do our duty, and we did it; but oftentimes sorely against our will, and not without grumbling. There is a fundamental principle in our law which decides—"that no man shall take advantage of his own wrong." We ask, is not this charge, as far as it infers professional culpability, altogether unfounded?—and has not advantage been taken to injure us, by the "wrong" of others?

There was, however, another, and still more serious attack on professional honour and honesty.

It was said that medical men were in the habit of taking parishes at a low rate, with an understanding that all casual paupers should be sent to them, and for such they were at liberty to charge what they pleased. It went on to say, that the doctors were in the habit of feeing subordinate officers to look out and find them such patients.

We are not bold enough to say that the medical profession is "*sui generis*" in moral excellence; that it is exempt from the vices and faults of human nature; or that every member of it is, by virtue of his membership, freed from the leaven of impurity common to our fallen condition. Alas! no. Amongst the 30,000 persons who practice the healing art in the dominions of our gracious sovereign, it were strange indeed if there were not some venal—some absorbed in the selfishness of a selfish nature—and some morally unwholesome men. But we will venture to assert, and defy contradiction, that the medical profession, as a body, have as high a sense of honour, and as pure a spirit of integrity, as any class under the sun,—men who would not suffer their exalted souls to be contaminated by such base and grovelling thoughts. Let not the moral malaria of the few be fixed upon the pure healthiness of the many.

We were ourselves so angered by this statement, that we made it our business to name the imputation at a public vestry; and we asked whether that vestry thought, in our long transactions with the parish, we had been guilty of such baseness? The reply was made by one of the most sensible and enlightened farmers we have been privileged to know. He said, "Doctor, we have known you for many years, and respect you highly; but if we had found you guilty of such dirty conduct, you would have long ago been hooted out of the place."

There can be no doubt it was the practice to send casual paupers to the parish doctor; and surely it was but justice to him they should be sent. But we have no idea of any undue advantage being taken, or that, on the part of the parish, there was not an equal interest in such cases with their own poor, and a watchfulness, too, after unnecessary expenses. The medical man received a just and fair remuneration; and we are not certain, however expedient the change may be, that there is much honesty in the present practice of thrusting such cases upon the medical officer, without any remuneration at all. We think to make a contract for a certain number of paupers, and furnish a list of them, as has been done in our locality, and doubtless in many others; founding the amount of remuneration on that list, and then saying the Board will hold itself at liberty to send as many other paupers as they please, at—what?—nothing!—we say we are not sure that this is honest. Why, it is analogous to insuring one's house alone, and then saying, when we have paid the insurance, we have barns and piggeries, if they should be burnt, we expect to be paid for them. We ask, is there any insurance company that would agree to such terms? No!—unhesitatingly, no!

(To be continued.)

THE PHILOSOPHICAL GAZETTE.

CHEMISTRY.

Chemical Properties of the Medicinal Alkaloids.

(*Continued from No 5, page 112.*)

General remarks—to enable us to distinguish and separate the several Alkaloids.

Cinchonine may be separated from admixture with *quinine* by means of æther. This menstruum dissolves *quinine*, but not cinchonine.

In like manner *narcotine* is soluble in æther. Suppose these three alkaloids to co-exist in a solution, they may be separated thus:—Mix the solution with ammonia in excess, add æther—this will dissolve the quinine and narcotine, leaving the cinchonine undissolved, which may be separated by filtration.

To separate the *quinine* and *narcotine*, evaporate the solution in æther, adding from time to time ammonia to excess. The *narcotine* will now precipitate and may be separated by a filter.

Lastly, by neutralizing the ammonia in the solution cautiously by an acid, the *quinine* will precipitate, and may be recognized by the form of its crystals under a microscope.

Further, strychnine may be separated from brucine or veratrine by means of absolute alcohol, strychnine being insoluble, brucine and veratrine soluble in that menstruum.

Strychnine is best identified by its behaviour with sulphuric acid and chromate of potash (see 8 under strychnine, page 112, No. 5). Also, secondly, by the form of its crystals; or, thirdly, by the precipitates thrown down from solutions of its salts by means of sulpho-cyanide of potassium and perchloride of mercury.

Brucine is best detected by its reaction with nitric acid and protochloride of tin, or hydrosulphuret of ammonium, and by the form of its crystals.

The behaviour of veratrine on being heated is quite characteristic (*vide* veratrine 1); it is also distinguished by the form of the precipitate formed in solutions of its salts by alcalies.

To detect the Alkaloids when much colouring or extractive matter is present.—This is a somewhat difficult task, requiring the careful conduct of a rather operose process. The following is recommended by M. Merck, a manufacturing chemist, at Darmstadt:—Mix the substance supposed to contain alkaloids with concentrated acetic acid in large excess, and digest the mixture several hours. Strain and wash the undissolved matter with water acidified with acetic acid. Evaporate all the fluid obtained in a water-bath. Boil the residue, first with spirits of wine alone, and then with spirits of wine with some acetic acid. Mix the two solutions and evaporate in a water-bath *nearly* to dryness. Dilute this with water, and add carbonate of ammonia until the fluid has a feeble alkaline re-action. Evaporate to the consistence of syrup and allow it to stand at rest 24 hours. Again dilute with water and filter the fluid from the precipitate. Wash this precipitate with water, and digest it in concentrated acetic acid. Dilute the solution so obtained with water, decolourised by means of animal charcoal, and test it for alkaloids or salicine.

A Systematic Plan of proceeding, for the purpose of detecting the Alkaloids and Salicine.

i.—*Suppose we have a solution containing one of the Alkaloids or Salicine, and it is desired to know which is present?*

1. Add to the solution a dilute solution of potash drop by drop, until the fluid has a slight alcaline reaction.

a. If no precipitate is formed, no alkaloid is present; but Salicine is. Test the original solution, as directed under salicine 3 and 4, page 112.

b. If a precipitate appears, add more potash-liquor to a strong alcaline reaction.

Either,—the precipitate *re-dissolves* when MORPHINE is present; or, the precipitate does *not dissolve*, when it is one of the second or third group.

2. The question now is, to which of the two groups does the alkaloid in solution belong?

a. Take a new portion of the original solution, add a few drops of dilute sulphuric acid; then exactly neutralize the acid with a solution of bicarbonate of soda; rub the sides of the vessel with a glass rod, and allow the mixture to rest for half-an-hour.

If there is *no* precipitate, neither QUININE, NARCOTINE nor CINCHONINE is present.

b. Evaporate some of the original solution, and treat the residue with concentrated sulphuric acid.

If, 1st, a colorless solution is obtained, which changes to a light olive-green on being heated, the alkaloid present is STRYCHNINE.

Or, 2nd, the solution is rose-colored, and on adding nitric acid changes to a deep red. BRUCINE is present.

Or, 3rd, the solution is yellow, changing to red, blood-red, and crimson. The substance is VERATRINE.

N.B.—The operator should always apply the positive tests. (See former paper, page 112, No. 5.)

If, on performing the operation, as at *a*, a precipitate is formed, narcotine, or quinine, *or cinchonine*, is present. The question to be resolved is, which of these is present.

Take, again, a portion of the original solution, add ammonia in excess, and æther, and agitate the mixture well.

1st. If the precipitate which forms at first, *is dissolved* by the æther, and the clear fluid shows two distinct layers, NARCOTINE or QUININE is present.

Place the test-tube in hot water, so as to evaporate the æther, adding ammonia to maintain an excess. If a precipitate separates, it is NARCOTINE. If there is no precipitate, it is QUININE.

Or, 2ndly. Should the precipitate which forms on adding ammonia, *not re-dissolve* in the æther, *cinchonine*.

ii. *We have a solution containing several or all the Alkaloids.*

1. Add to the solution liquor of potash, to a very slight alkaline re-action.

If, 1, No precipitate forms, *Salicine* only is present.

Or, 2, A precipitate forms, add, drop by drop, more potash to a strong alkaline re-action.

a. If the precipitate re-dissolves, MORPHIA only is present.

b. The precipitate not dissolving, filter, wash the precipitate with cold water, and dissolve it in dilute sulphuric acid; add solution of bicarbonate of soda until the re-action is neutralized; stir the mixture well, and rub it against the side of the vessel, then allow it to rest for half an hour.

If, 1st, No precipitate is formed, there is no NARCOTINE, CINCHONINE, or QUININE. Evaporate the solution nearly to dryness, treat the residue with cold water. Should there be an insoluble residue, it must be tested for STRYCHNINE, BRUCINE, and VERATRINE. Thus:—

Dry it in a water-bath; digest in alcohol. If it dissolves completely, there is BRUCINE, or VERATRINE, but no strychnine.

Evaporate the last solution to dryness in a water bath, divide the residue, and test one portion for BRUCINE with nitric acid and protochloride of tin: and the other for VERATRINE, with concentrated sulphuric acid.

If the precipitate does not dissolve completely, STRYCHNINE is present. Brucine and veratrine may also be present, but they must be in solution. Therefore filter the fluid off, and test as before directed for these alkaloids.

Or secondly, proceeding as at *b*:—

A precipitate is formed; wash it with cold water; dissolve it in hydrochloric acid, and then add ammonia in excess, and afterwards some æther.

Either the precipitate dissolves in the æther and forms two layers, when it is either QUININE or NARCOTINE, which may be distinguished by the method described above: or, the precipitate does not redissolve completely, CINCHONINE. There may also be quinine and narcotine in the fluid, therefore filter it off and test for these alkaloids as above.

Lastly, take a portion of the original solution, mix it with hydrochloric acid, and boil; if a precipitate is formed, it is SALICINE.

(*To be continued.*)

OBSERVATIONS ON THE ADJUSTMENT OF THE RELATIONS BETWEEN THE ANIMAL AND VEGETABLE KINGDOMS, BY WHICH THE VITAL FUNCTIONS OF BOTH ARE PERMANENTLY MAINTAINED. BY ROBERT WARINGTON, ESQ., F.C.S.

This communication will consist of a detail of an experimental investigation, which has been carried on for nearly the last twelve months, and which appears to illustrate, in a marked degree, that beautiful and wonderful provision which we see everywhere displayed throughout the animal and vegetable kingdoms, whereby their continued existence and stability are so admirably sustained, and by which they are made mutually to subserve, each for the other's nutriment, and even for its indispensable wants and vital existence.

The experiment has reference to the healthy life of fish preserved in a limited and confined portion of water. It was commenced in May, 1849, and the subjects chosen, were two small gold fish. These were placed in a large glass receiver of about twelve gallons' capacity, having a cover of thin muslin stretched over a stout copper wire bent into a circle, placed over its mouth, so as to exclude, as much as possible, the sooty dust of the London atmosphere, without, at the same time, impeding the free passage of the atmospheric air. This receiver was about half filled with ordinary spring water, and supplied at the bottom with sand and mud, together with loose stones of larger size, of limestone tufa, from the neighbourhood of Matlock, and sandstone; these were arranged so that the fish could get below them if they wished so to do. At the same time that the fish were placed in this miniature pond, if I may so term it, a small plant of the *Vallisneria spiralis* was introduced, the roots being inserted in the mud and sand, and covered by one of the loose stones, so as to retain the plant in its position.

The *Vallisneria spiralis* is one of those delicate aquatic plants generally selected by the microscopist for the exhibition of the circulation of the sap in plants. It throws out an abundance of long, wiry, strap-like leaves, of about $\frac{1}{4}$ of an inch in breadth, and from one to three feet in length: these leaves, when the sun shines on them, evolve a continued stream of oxygen gas, which rises in a current of minute bubbles, particularly from any part of the leaf which may have received an injury.

The materials being thus arranged, all appeared to go on well for a short time, until circumstances occurred which indicated that another and very material agent was required to perfect the adjustment, and which, from my not having thought of it at the time of commencing the experiment, had not been provided against. The circumstances I allude to, arose from the internal decay of the leaves of the *Vallisneria*, which became yellow from having lost their vitality, and began to decompose: this, by accumulation, rendered the water turbid, and caused a growth of mucus, or green slimy matter, on the surface of the water and on the sides of the receiver. If this had been allowed to increase, I conceive that the healthy life of the fish must have suffered, and probably their vital functions have been destroyed. The removal of these decaying leaves from the water, therefore, became a point of paramount importance to the success of the experiment.

To effect this, I had recourse to a very useful little scavenger, whose beneficial functions have been too much overlooked in the economy of animal life,—I mean the water-snail; whose natural food is the very green slimy growth, or mucus and decaying vegetable matter, which threatened to destroy the object which was wished to be obtained. Five or six of these creatures, the *Limnæa stagnalis*, were consequently introduced, and by their continued and rapid locomotion and extraordinary voracity, soon removed the cause of interference, and restored the whole to a healthy state, thus perfecting the balance between the animal and vegetable inhabitants, and enabling both to perform their vital functions with health and energy.

So luxuriant was the growth of the *Vallisneria* under these circumstances, that, by the autumn, the one solitary plant that had been originally introduced, had thrown out myriads of offshoots and suckers, thus multiplying to the extent of upwards of thirty-five strong plants; and these threw up their long, spiral, flowering stems in all directions, so that, at one time, more than forty blossoms were counted lying on the surface of the water.

The fish have been lively, bright in colour, and appear very healthy; and the snails also, judging from the enormous quantity of gelatinous masses of eggs which they have deposited on all parts of the receiver, as well as on the fragments of stone, appear to thrive wonderfully; and, besides their functions in sustaining the perfect adjustment of series, afford a large quantity of food to the fish in the form of the young snails, which are devoured as soon as they exhibit signs of vitality and locomotion, and before their shell has become hardened.

Thus we have that admirable balance sustained between the animal and vegetable kingdoms, and that in a liquid element. The fish, in its respiration, consumes the oxygen held in solution by the water as atmospheric air; furnishes carbonic acid; feeds on the insects and young snails; and excretes material, well apapted as a rich food to the plant, and well fitted for its luxuriant growth.

The plant, by its respiration, consumes the carbonic acid produced by the fish, appropriating the carbon to the construction of its tissues and fibre, and liberates the oxygen in its gaseous state to sustain the healthy functions of the animal life, at the same time that it feeds upon the rejected matter, which has fulfilled its purpose sin the nourishment of the fish and snails, and preserves the water constantly in a clear and healthy condition ; while the slimy snail, finding its proper nutriment in the decomposing vegetable matter and minute confervoid growth, prevents their accumulation, by removing them from the field, and, by its vital powers, converts what would otherwise act as poison into a rich and fruitful nutriment, again to constitute a pabulum for the vegetable growth, while it also acts the important part of purveyor to its finny neighbours.—*Quarterly Journal of the Chemical Society*, 1850.

Kreatine, a Constituent of the Flesh of the Cetacea.—In the muscular flesh of all domestic animals and birds, and in all wild ones so far as they have been at present examined, there exists a peculiar crystalline substance, first discovered by Chevreul in the year 1836, and designated by him, *Kreatine*. Most of our readers may be unaware that when Liebig wrote the first edition of his 'Animal Chemistry,' in 1842, he did not deem this discovery worthy of being mentioned. Subsequently, however, perceiving the great importance of determining whether, in what Dr. Prout, rather unhappily, denominated secondary assimilation, *i. e.*, the change which muscular fibre undergoes ere it reaches its ultimate form for expulsion from the system, namely, *urea*, any intermediate bodies might be formed, Liebig took up the subject, and by means of many interesting investigations made by himself and his pupils, he has satisfactorily proved the existence of Kreatine in many animals, and also in human muscular flesh. Whether it exists as a normal constituent of flesh, or represents the first step in the series of changes we have alluded to, seems, at present, to be undetermined. Berzelius, in reporting Chevreul's discovery, conceived that *Kreatine* could only be the result of decomposition. Liebig seems to be convinced that it is a normal constituent of flesh ; yet he found that when animals are hunted to death, as the hare and fox, their flesh contains more Kreatine than that of the same species killed without violence. Dr. David S. Price has recently met with an opportunity of operating upon the muscular flesh of the whale. The species was that termed the Rorqual whale (*Balænoptera musculus*). Forty pounds of the flesh, free from fat, was thus operated on. Ten pounds were cut into small pieces and well kneaded with an equal weight of cold water. The flesh was then removed to another vessel holding the same amount of water, and after being again well pressed, was put, in linen bags, into a strong screw-press, and as much of the liquor obtained as possible ; the second water served as the first receptacle for another 10lbs. of flesh, which were treated in like manner. In this way, the extract from the 40lbs. was at length obtained. Having removed the fat which had collected on the surface, the liquid was strained through flannel bags in order to separate any muscular fibre and fatty matter that might be suspended in it. The filtered liquid, which was of a blood colour, and exhibited an acid reaction, was heated in large evaporating pans over a water bath, whereby the albumen was coagulated, taking with it almost all the colouring matter; the liquid, on being strained through linen bags, retaining only a very faint colour.

The colour and flavour of this filtrate was not distinguishable from that of the extract of beef. In order to separate the last traces of albumen the liquid was rapidly heated to ebullition over a strong fire in a tinned copper vessel. The solution was then filtered and mixed with baryta-water till a precipitate ceased to be formed, a point which was reached long after the acid re-action had disappeared. The almost colourless filtrate, when evaporated, acquired a dark brown colour and became gradually gelatinous, emitting an odour similar to that of glue. The concentrated liquor was now placed in a cool situation, when after forty-eight hours, minute glittering crystals were formed, which, owing to their great specific gravity, could be easily separated by decantation of the liquid. When dried in this minute state, the crystals presented a beautiful appearance, reflecting light with remarkable intensity. After three or four crystallizations they were obtained quite pure. Their aqueous solutions being allowed to crystallize slowly, crystals a quarter of an inch in length were formed, presenting a silky lustre and frequently arranged in groups. These crystals were insoluble in alcohol, but very soluble in boiling water : when warmed on platinum they lost their lustre, becoming opaque and white; when heated more strongly, they carbonized, emitting the odour of burning nitrogenous substances ; on the application of a still stronger heat, the carbon was entirely consumed, no ash remaining behind. There can be no doubt of the identity of this substance with kreatine, as described by Chevreul and Liebig, and we may safely conclude that it is a constituent of the flesh of all the higher classes of animals.—*Quarterly Journal of the Chemical Society, Oct.* 1, 1850.

On the Action of certain Re-agents upon Quinine. By Dr. Vogel, Jun.—Brander has shown that when a solution of sulphate of quinine is mixed with chlorine-water, and caustic ammonia added, the liquid acquires an emerald-green color. Starting from this experiment, the author has succeeded, by the use of a few other re-agents, in producing very characteristic changes of color in the solution of sulphate of quinine.

If to a solution of quinine mixed with chlorine-water there be added, instead of ammonia, an excess of concentrated solution of ferro-cyanide of potassium, a dark red color is immediately produced, and remains unaltered for some hours, but afterwards, especially on exposure to light, passes into green. This reaction of quinine is highly characteristic and well adapted for a lecture experiment. If caustic potash be used in place of ammonia, the solution acquires a sulphur-yellow color. Instead of chlorine, a solution of chloride of lime mixed with hydrochloric acid may be advantageously used, in which case, on addition of ammonia, a green powder is precipitated. The preceding reactions are not produced with cinchonine, and may therefore be regarded as marks of distinction between the two alkaloids.

According to the most recent reports of chymists, there appears to be a prospect of preparing the vegetable alkaloids directly from their elements; hence, it is much to be desired that characteristic reactions should be discovered, especially such as depend upon change of color, which may serve as standard tests by which the nature of the artificial products may be determined.—*Annalen Ch. Pharm., No.* 73, *p.* 221.

MEDICAL INTELLIGENCE.

PROFESSOR ERICHSON'S INTRODUCTORY LECTURE AT UNIVERSITY COLLEGE.

To the Editor of 'The Institute.'

Sir,—In the last number of your very excellent Journal, you inserted a few extracts from an admirable lecture by Professor Forbes, on the opening of the Medical Session at King's College, accompanied by a handsome encomium on the whole of the learned Professor's address, in the form of a letter from "A General Practitioner." Will you kindly permit "A Member of the College" to recommend for insertion in the next number of 'The Institute,' some portions of Professor Erichson's introduction to the course of Surgery, delivered at University College, London, much about the same period. The extracts are but a small portion of a most admirable lecture, but they are so completely in accordance with the declared principles of the Institute, and so truly express the sentiments of those who are seeking for the application of your principles to practice by the medical institutions, that I am well assured that their re-publication will be of much service, and also be very acceptable to such of your readers as may not have had the benefit of hearing the oration, or of perusing it in print. Wishing every success to your excellent Journal,

I am, Sir, yours very truly,
A MEMBER OF THE COLLEGE.

"It is customary, Gentlemen, and I think the custom is a good and useful one, to preface the more serious business of the session with some general remarks, either of advice as to the way in which you should occupy your time, and of the course of instruction that you will have to pursue; or else, to direct your attention specially to that department of the profession, in the study of which we shall during the next six months be daily engaged together. I gladly avail myself of the occasion that custom thus affords me of making a few remarks, that I might not have another opportunity of bringing before you, on the subject of our course; and I purpose devoting this hour to pointing out to you what surgery is, and to tracing the causes that have specially and directly led to its present high position in the civilized world.

"First, gentlemen, let us inquire what is meant by *Surgery*. I shall not attempt to give you any definition of this term: definitions are seldom very happy or explicit, nor do they usually include all the requirements of the case, and that of *surgery* constitutes no exception to this rule. It is in vain that we look to the derivation of the word 'surgery' for its modern meaning—*surgery, chirurgia*, χειρεργον, hand-work, handicraft, is very far from being the Surgery

of the present, whatever it may have been of a former day. It is true that in ancient times the surgeons were the handicraftsmen, the mechanicians of the physicians; those to whom were delegated the manual manipulations which the scientific physicians thought it a degradation to undertake. But happily for science and for mankind, these times have long since passed away, never to return; and many ages have now elapsed since the surgeon stepped beyond this, the original limit of his calling. It is long since the *hand* has been his sole dependence; and it is now by the *head*, as much or more than by the hand, that he exercises his avocation. The great surgeons of the past and present century were not and are not mere workers with the hand, mere handicraftsmen; but however skilled they may have been in the exercise of the manual part of their art, they yielded to none in any other department of our profession for the success with which they studied, and for the impulse they gave to the advance of those great truths of physiology and pathology that constitute the basis of the science of medicine as of surgery. Nor again can surgery justly be said to be limited to the consideration of injuries, and of those diseases that manifest themselves by changes of form, colour, or consistence apparent on the surface of the body: '*external pathology*,' as it is termed by the French. A very large number of diseases that are universally recognised as falling within the province of the surgeon are blood diseases, or affections that influence the deeper portions of our frame, making but little, if any, external manifestations of their presence. What then is surgery? We may answer, that is that great department of the healing art which treats:—

"I.—Of the injuries from whatever cause to which the body is liable.

"II.—Of all external diseases; and of all diseases that specially affect the organs of sense, of locomotion, and of reproduction of the male, as well as of the female.

"III.—Of all those diseases that require manual, mechanical, or operative means for their cure or relief, and of the nature and application of these means.

"IV.—Of the mal-formations to which the human frame is liable.

"Thus it will be seen that surgery occupies a wide field; the limits of which, though clearly and strongly defined on some sides, are not so on others; but so gradually fade and shade away into the other departments of our profession, that no distinct line of demarcation can be drawn between them, and it becomes perfectly impossible to say where one department begins and the other ends. In this respect the science of disease but partakes of the general law that we find exemplified in all the natural sciences, viz., that nature admits of no abrupt distinctions or demarcations; no arbitrary arrangements or classifications; but has united and bound together all her works in one harmonious and continuous whole; and not only can no line of separation be distinctly and broadly drawn between disease *medical* and disease *surgical*, generally; but the same disease may, as it affects different localities, as it assumes slight modifications of form, or as it takes its origin from different causes, be sent, now into the wards of the physician, now into those of the surgeon.

"The divisions, then, of the healing art, into several departments, is, in a great measure, arbitrary. But though arbitrary and artificial, it is highly useful, and is a necessary result of that division of labour which the rapid advance of science has rendered imperative, not only in our profession, but in most of the other walks of life. The circle of the medical sciences has, of late years, become so widely extended, and every spot within its area has become so diligently and closely cultivated, that it has become impossible for one intellect, however capacious and grasping, to master and retain the details of every department. It has become impossible for the same man to be able to cut dexterously for the stone, to tie an artery neatly and successfully, to be thoroughly conversant with the discrimination and diagnosis of the minute shades of cardiac and pulmonary disease, and to be competent to meet all the emergencies of childbirth.

"The necessary result of this inability, on the part of any one man, to master the details of all the departments of the healing art, has been its division into two great branches—medicine and surgery—the latter including in reality, though it does not in this country by custom, the subdivision of midwifery; which consisting in a series of purely manual manipulations and mechanical proceedings, is, in point of fact, a part of surgery, though on account of its extent and importance, it has been separated in study and in practice from this branch of our art.

"This division of labour has been attended with very considerable advantage to the public, and has materially conduced to the progress of science, as it has enabled professional men to devote themselves more specially to, and thus to acquire a more extended and minute knowledge of, that department of their art, to which their tastes, opportunities, or mental and physical qualifications may more particularly have directed them.

"But, gentlemen, bear in mind, that though this division of medical science is highly useful and convenient, and has been productive of important results; it is, as I have already said, purely artificial and arbitrary, and has no existence in nature, and that you will be unable to move a step in practice without finding that these several divisions are inseparably connected and mutually dependent;—that it is impossible for a physician to exercise his calling without an acquaintance with those principles of pathology and therapeutics that are common to surgery as to medicine; and that no surgeon can act with safety to his patient, or with comfort to himself, unless he be conversant, to a great extent, with the details, as well as with the principles of medicine. Indeed, it requires no formal argument to prove that the great principles of medical science, the laws that govern the human frame in health and in disease—those principles that guide us in determining the causes, the progress, the probable result, and the treatment of all deviations from the normal standard, must be the same, whatever be the organ or region of our bodies that is affected by disease, whatever be the particular tissue that is implicated, and whatever be the peculiar form that the malady may assume.

"When we turn to the details of practice, it is true that the two departments of medicine and surgery, appear at first sight to be much more distinctly separated, and that we have little difficulty in referring each case that we meet with to one or other of them. Thus, a case of heart disease, or of typhus fever, lies evidently within the domain of the physician; whilst a broken thigh, or ulcerated leg, or strangulated intestine, as specially belongs to the surgeon. But even here the distinction is not real, and these very examples that I have, almost at random, adduced, will, if closely examined, show you how mutually dependent, how inseparably connected the two branches of practice are, and how their circles cross at many points. The broken thigh, the ulcerated leg, the strangled gut, are, doubtless, purely surgical cases, as exclusively so as any you can possibly have to treat; and yet, in conducting these to a proper termination and cure, your treatment may have fully as much to do with constitutional or visceral, or, in other words, with purely medical disease, as with the local malady.

"Take the instance of the compound fracture of the thigh. The fracture is reduced, the broken ends of bone carefully laid in apposition, and the limb neatly and comfortably put up in splints, which you may scarcely have occasion to disturb once a week during the treatment of the case. But does the surgeon's business end here? Does all his anxiety depend in maintaining the broken bone in a proper position? If so, he would have but little disquiet; for he knows that by keeping the injured part of a sufficient length and proper shape, by very simple mechanical contrivances, for a definite time, nature will firmly solder together the broken fragments, and a sound, and straight, and useful member, will result. But the patient has been habitually living above par, taking more stimulus, and leading a freer life than is prudent or right. On the third or fourth night after the accident, the surgeon finds that the pulse has become quick and irritable, the tongue coated, the skin moist and clammy, that his patient is wakeful, suspicious of those around him, irritable and talkative, and at last becomes furiously delirious. He now knows that he has been seized with that disease, which, in the surgical words, we call "Traumatic Delirium," but which, in the medical words, you will meet under the name of "Delirium Tremens;" not excited, it is true, by a broken bone acting injuriously on an irritable and shattered system, but by some internal source of irritations, loaded bowels, or the effects of a severe debauch, operating on a similar constitution, and producing similar effects, to be met by the same treatment as when they are the results of the fractured limb. Or, again, at the end of ten or twelve days, whilst the wound is suppurating healthily, and all is looking well, the patient is seized with severe rigors, his teeth chatter, reaction soon comes on, and at the same time an angry red blush makes its appearance about the wound, the secretions of which are dried up. Here we know the patient has been seized with erysipelas, to be followed perhaps by inflammation of the veins or of the absorbents, by pyemia, by pneumonia, and a train of the more serious secondary phenomena. Here the fracture becomes of minor moment; rest, and cleanliness, and position, are enough for it; but the surgeon requires to tax his *medical* knowledge to the utmost to carry his patient with safety through the superadded diseases.

"Take the next instance:—A patient applies with an ulcer on the leg, small, painful, with a greyish, flat surface, and exuding no discharge, or what there is, small in quantity and bloody in character. You employ every possible variety of *local* treatment

that your ingenuity can suggest, or you think adapted to the peculiar character of the sore. But no effort of yours can raise florid granulations, can make the surface pour out healthy creamy pus, or cause the formation around its margin of that delicate semitransparent blue line of new skin that the Surgeon loves to look upon. You go through the whole round of dressings and strappings; salves, lotions, and poultices are used, and all in vain. But look at the patient's tongue, inquire into the state of his digestive organs; you find him labouring under irritable gastric dyspepsia; cure that, and the sore will get well by the application of a piece of lint dipped in tepid water.

"Again, in the case of strangulated hernia, you relieve the constriction in the most artist-like style. But if you cannot treat the accompanying or consecutive peritonitis, which, in many instances, differs in no way, except in cause, from that which arises from cold or from any other non-surgical condition, your patient will die as certainly as if he had bled to death from a wound of the epigastric artery, or had been allowed to sink with the stricture unrelieved.

"Thus I might continue giving you as many examples as there are surgical diseases and injuries, but that it were needless to multiply instances to prove to you that you cannot move a step in the practice of Surgery, that you cannot treat the commonest surgical cases, heal a wound, unite a fracture, treat piles or fistula, a diseased joint, strictured gut, or ulcerated leg, without being compelled to have recourse to *constitutional* treatment, without looking specially to the state of the digestive organs, kidneys, or lungs; without remedying disease lurking in one or other of these viscera, that keeps up or has generated the local mischief; without removing sequelæ or complications that differ in no way, except in their *causes*, from the same diseases that specially fall under the care of the physician.

"Thus, then, Gentlemen, you will see that Medicine and Surgery, whether we regard them in theory or in practice, are one and indivisible, and that however convenient, however *necessary* it may be, in the present advanced state of science to arrange our cases under one or other denomination, this distinction is altogether arbitrary, that nature refuses to conform to it, and that we, in this as in all other matters, act most wisely in bowing to her dictates.

"To some it may seem almost unnecessary to take this trouble to point out what would, at first sight, appear so obvious a matter—the unity and indivisibility of medicine and of surgery. But I have done so advisedly, because I know that an erroneous opinion is prevalent amongst the junior members of our profession; less so now, perhaps, than it was a few years since, but yet prevalent to too wide an extent, and an error of grave moment it is, to look upon the study of surgery as distinct and separate from that of medicine. I will not stop to inquire into the causes of the prevalence of this error, but, gentlemen, let me earnestly impress upon you, that if you would be surgeons, in the fullest sense of the word, equal to any emergency that may occur in the course of your practice, not to neglect the study of medicine, but to look upon an acquaintance with its principles and details as an integral part of the study of surgery."

"Gentlemen, remember that in a liberal and beneficent profession, such as ours, there is something more wanted than the acquisition of knowledge. It is an old saying that "*knowledge is power*," but this, like many other trite sayings, is but partially true; it is not the whole truth; knowledge by itself is no longer power. It has become too diffused, is possessed by too many for it to confer advantage by its possession alone. For knowledge to confer power, that is to say, the respect and confidence of your fellow men, it must be conjoined with other qualities. Alone, it is not enough for permanent success in your profession; though necessary, most absolutely and indispensably necessary, it must be conjoined not only with the ability to use it, but with the determination to use it aright; to apply it to none but worthy and honest purposes. If you do not do this; if you fail to make a proper use of your professional acquirements; if you turn them to any unworthy or selfish ends; you may be successful, but your success will only be temporary, and will but render more bitter the eventual failure and disgrace that will eventually overtake you. If you will study the biographies of any of those men who have risen to acknowledged and *continued* eminence in our profession (and I do not know a more useful and interesting study than this), you will find, I venture to say, without one single exception, that in no one case has a high professional and social position been attained by professional acquirements *alone*, but that in every instance have these been conjoined with, and their success secured, by moral rectitude, and by an upright and honest character.

"Remember then, Gentlemen, that in order to win permanent success in our profession you must learn to deserve it. Ever bear in mind that you have entered a learned and liberal profession, the great object of which is to be of service to mankind; an object more noble and exalted than characterizes any other walk in life, and one which each of us should endeavour to carry out to the extent of his power. If you will keep this great object constantly before you; if you will make it your daily prayer to Him from whom all knowledge is derived, that you may live to be of use to your fellow men; if you will be guided in your intercourse with one another by a sense of honour, of candour, and of liberality; you will not only possess an inward feeling of self-respect that will support you through the trials of life, but you will gain the esteem and affection of your professional brethren and of your patients, and you will consequently practise your profession in happiness and comfort.

"In your intercourse with the public, conduct yourselves in a manner that is not only worthy of you as gentlemen, but in such a way as should characterise the members of a learned and dignified profession. Let no man say that it can signify little to the body to which he belongs how he may individually act. From the very first day of your career as students, you constitute a part of the profession, and owe a duty to it as well as to yourselves, and may, according as you act therein, exercise an influence for good or for evil upon it. The profession to which you belong will be judged of in a great measure in your own circle, by the friends who immediately surround you, from your behaviour. Let that, therefore, always be marked by liberality, by courtesy, by truthfulness, by the cultivation of the amenities of polished life; in a word, by all that should constitute the character and deportment of a gentleman. Let these be the guides of your conduct, not only as students, but in after life, when you will be called upon to take your part in questions affecting the interest and welfare of the body to which you belong; endeavour then to act, not merely for your own interests, nor for the interests of your own class or section of the profession alone, nor for the advantage of this institution or that college; but act to the best of your judgment in an enlarged and catholic spirit of liberality, with a hearty desire to do what seems best to you for the profession as a whole, and for the general welfare of its members.

"If you will do all this, if you will ever be on the watch to increase your professional knowledge, by constant observation, by daily study and reflection; if you will never lose sight of the true and noble object of your profession, that of utility to your fellow men; if, in your intercourse with your professional brethren and with the public, you will ever be guided by principles of honour and of candour, and by an abnegation of self-interest,—you will live to be respected and beloved by those who know you best; you will have the inward satisfaction of knowing that you pass an honoured and useful career, and, amidst all the trials and anxieties and difficulties that will at every turn meet you in the most anxious and responsible of all professions, you will never have cause to regret the day on which you have become one of its members, or to envy those who follow other, and perhaps more prosperous walks in life."

Health of London during the Week.—(Published by authority of the Registrar-General).—The return for the week ending last Saturday exhibits a considerable increase on the mortality of previous weeks. In the first three weeks of October, the deaths registered were successively 839, 860, and 845; in the last week they rose to 945. In the ten corresponding weeks of 1840-9 they fluctuated between 813 and 1,115, and were on the average 959. But this average, if allowance be made for supposed increase of population, becomes 1,046; on which the present return shows a decrease of 101. The increase of fever has been already remarked, and the observation is still borne out by the number of fatal cases under this head; the deaths from fever, which in the two previous bills were 54 and 49, rose last week to 65. Scarlatina also appears to make some progress; it was fatal in 41 cases, and seems to prevail in some parts of Walworth and Camberwell. Last week small-pox carried off 7 children and 2 adults; measles 21 children, hooping-cough 20, and croup 8. Erysipelas numbers 7 fatal cases; and of 10 women who died after childbearing, 7 sank under puerperal fever. The further decline of diarrhœa and dysentery is shown by the deaths from those complaints in the last three weeks, in which the numbers have been successively 37, 30, and 22, which last is about the average of ten corresponding weeks. Last week 3 deaths from cholera were returned, but none of the cases had assumed the malignant form of the disease. They were as follows:—

In Kensington, at 9, Earl's-street, on the 24th of October, the wife of a hawker, aged 57 years, died of "choleraic diarrhœa (3 days), typhoid fever (6 days)."

In All Souls, Marylebone, at 60, Berners-street, on the 23rd of

October, the wife of an upholsterer, aged 40 years, "English cholera, internal hæmorrhage (3 days)."

In Peckham, at 2, New-road, Commercial-road, on the 25th of October, the daughter of a lath-render, aged 4 years, "English cholera with convulsions (30 hours)." Mr. Clark, the registrar, adds, that "the situation is open and airy; the child was strong and in perfect health on the previous day, and the disease cannot be in any way accounted for."

Diseases of the respiratory organs discover a small increase of mortality—a fact which may be viewed in connexion with a fall of the weekly mean temperature from about 50° in the earlier part of October to 42° towards the end of the month. The increase is observed in pneumonia (or inflammation of the lungs) amongst children, and also in bronchitis amongst aged people.

It appears from the return for the eastern sub-district of Greenwich, that nine old pensioners died in the Royal Hospital between the 24th and 29th of October, and that their ages, the lowest of which was 61 years, and the greatest 90, averaged rather more than 74 years; 71 deaths were registered during the week in metropolitan workhouses, and 83 in hospitals and other public asylums. A girl 5 weeks old died from an "overdose of syrup of poppies;" and the wife of a labourer, aged 56, died on the 23rd of October, in St. Luke's Hospital, from "melancholia, and refusal of food."

The births of 770 boys, and 749 girls, in all, 1,519 children, were registered in the week. The average of five corresponding weeks in the years 1845-9 was 1,361.

At the Royal Observatory at Greenwich, the mean height of the barometer in the week was 29·625 in. The temperature rose gradually and almost continuously during the week. The daily mean, which was 40·2° on Sunday, was 56° on Saturday; and the mean of the week was 46·3°. The mean temperature was below the average of the same days, derived from seven years, till Thursday. On the last two days it was from 7° to 10° above it.

The following selections are made from the registrars' reports:—

In Camden-town sub-district, at 30, Weston-street, Pancras-road, on the 24th of October, a bricklayer, aged 44 years, died of "fever, synochus (21 days)." This is described by Mr. Holl, the Registrar, as "a crowded and dirty neighbourhood." In the same sub-district, at 3, Hertford-place, Skinner-street, on the 28th of October, the daughter of a shoemaker, aged 3 years, died of "cephalitis' pneumonia (1 month), anasarca (7 days)." This place is "crowded, dirty, and unhealthy; fever and pneumonia prevalent." Also, at 30, Lower Edmund-street, on the 31st October, a man, who had formerly been a soldier, aged 43, died of "phthisis (3 months)." "This house contains six rooms, and each room has a separate family; very poor and crowded."

In Hackney-road sub-district, at 15, Mead-street, on the 28th of October, the daughter of a weaver, aged 6 months, died of "pneumonia, congestion of the lungs." Mr. Murray states that this is "a close, crowded, and undrained street." Also at 7, Collingwood-street, on the 30th of October, a tailor, aged 47 years, died of "rheumatic fever (1 week), typhus (4 days)." "A crowded and partially drained street."

In Whitechapel, Artillery sub-district, at 3, Tuson's-court, Spital-fields, on the 30th of October, the daughter of a shoemaker, aged 18 months "pneumonia (two months)." "The place (says Mr. Mason) is crowded and filthy."

In Spitalfields, at 10, Dorset-street, on the 29th of October, a man about 60 years, a herb-gatherer, "bronchitis (5 years), accelerated by exposure in a dilapidated abode, which afforded no sufficient protection against the weather, and was totally unfit for a human habitation." In addition to the medical certificate, Mr. Deboos, the registrar, observes, that "the majority of the houses in the street are overcrowded and dirty, and several are in a very ruinous state."

In Clapham sub-district, at 7, Crescent-cottages, James-street, on the 27th of October, the son of a journeyman plasterer, aged 7 months, died of "dentition (1 week), convulsions." Mr. Frost writes, that "there is a large, open ditch within a few feet of the cottages, the effluvium from which is very offensive; and, according to informant, is hardly bearable in summer."

British Medical Fund.—We are glad to notice that an influential meeting of the friends and supporters of this institution, was held at Southampton, on the 31st ult., at which Dr. Oke presided. Amongst the gentlemen present were, Dr. J. Bullar, Dr. W. Bullar, G. Cheeseman, H. Dusautoy, C. P. Keele, G. B. List, J. R. Sampson, J. Shorts, J. Stace, W. Symes, and J. Wiblin, Esquires.

Mr. Hawtayne, the Secretary of the Society, having explained to the meeting the nature and objects of the institution, the following resolutions were moved and carried unanimously:—

"First—That this meeting highly approves of the principles of the British Medical Fund, and strongly recommends the Society to the favourable consideration and support of the profession at large.

"Secondly—That the best thanks of this meeting be offered to Dr. Forbes, and the Directors of the British Medical Fund, for their indefatigable exertions in behalf of the Society.

"Thirdly—That the thanks of this meeting be given to Mr. Hawtayne for his attendance on this occasion, and for his lucid explanation of the objects of the society.

"Fourthly—That the best thanks of this meeting are due to Dr. Oke, for his kindness in presiding on this occasion, and for his very courteous and gentlemanly conduct in the chair."

We are happy to record the progress of this undertaking, and shall take every opportunity of giving it our warmest support.

Death of M. Tanchou.—This eminent Parisian practitioner is said to have recently fallen a victim to one of the quackeries of the day. He believed that the topical application of cold water was a specific against acute rheumatism; and seems to have induced a fatal chest affection, by endeavouring to illustrate his theory on his own person, while suffering from arthritic symptoms. —*Monthly Journal of Med. Science*, p. 488.

CORRESPONDENCE.

THE QUACKERY OF "PATENT MEDICINES."

To the Editor of 'The Institute.'

Sir,—The extent to which gross and open quackery is carried on in England is grievous and unparalleled, and the Patent Medicine trade, alas! is only one of its numerous presentations. This however, by itself, is an evil of no ordinary magnitude: for, although instances may doubtless be adduced of the successful exhibition of such drugs, it will hardly be disputed that the instances of unprofitable and of deleterious employment outweigh them an hundred fold. In defence of the present system it has, we know, been plausibly urged, that by the opportunity which this method of publication affords, secret truth is brought to light, and valuable remedies introduced, the knowledge of which might otherwise perish with the inventors. If, however, the remedies justly entitled to this description be separated from the myriads of panaceas which are so pompously blazoned forth in the columns of our daily and weekly prints, and their relative properties ascertained, we shall be quite content to have the question decided by their issue. But if, on the contrary, it shall be manifested that the nefarious practice which has long obtained of issuing medicines as "patent," by merely affixing a three-halfpenny or threepenny stamp on them, which the Stamp-Office will as freely impose upon amulets and charms, or any other trumpery, is but one of the many fraudulent schemes for promoting private gain at the expense of unwary credulity,—that the multitude of compositions thus foisted on the public as the results of study and experiment, are composed of ingredients in familiar use, *omnibus notum, et lippis, et tonsoribus*, and are often injured and impaired rather than improved or increased in their power, by the flavourings with which, for the sake of deception, the pretended inventor thinks proper to combine them: that the indiscriminate exhibition of such drugs which the impudent and false assertions of the pretended patentees obtrude on the public by every expedient, and present with all the speciousness of attested facts, inevitably lead to, is the means of destruction to thousands. If these things be so, it may behove the legislature to weigh well how far evils of such magnitude are counterbalanced by the slight and equivocal benefit which the defence contends for, or even the amount of revenue which the stamps and advertisements of charlatanry afford to the state. If, indeed, a fortunate and meritorious discovery of a useful drug or compound should now and then be alleged, let the claimant, who, not content with honorable fame, and the gratification of his own benevolent feelings, seeks the more substantial meed of pecuniary benefit, boldly prefer his claim to the Government; let the merit of his discovery be scrutinized by a medical council of the nation, and its value ascertained; and let him receive a suitable and not sparing reward from the liberality of his country. But let not every daring and hardened impostor who can muster up the cost of a few stamps for his boxes or phials, and sear his conscience to the point of sacredly attesting those falsehoods by which he unblushingly maintains the efficacy of his inert or noxious nostrums, have power to extend his deceptions under the apparent sanction of a royal

license, or to practise successfully this juggle of the worst kind. Oh! reform it altogether! Let not our Great Exhibition of 1851 exhibit to foreigners the melancholy spectacle of a great nation overridden by Quacks!

OMEGA.

THE INSTITUTE MEDICAL JOURNAL.

SCALE OF CHARGES FOR ADVERTISEMENTS.

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THE INSTITUTE.

LONDON, SATURDAY, NOVEMBER 9, 1850.

THE NATIONAL ASSOCIATION of GENERAL PRACTITIONERS in MEDICINE, SURGERY, and MIDWIFERY, organized in 1845, and over which the late MR. PENNINGTON presided, was, we believe, the most numerous voluntary association of persons belonging to the medical profession which had ever been formed in this country.

In the newspapers of the day, it was described as consisting of "a PRESIDENT, a CHAIRMAN of COMMITTEE, TREASURERS, AUDITORS, HONORARY SECRETARIES, SECRETARY, and a COMMITTEE consisting of above ONE HUNDRED GENERAL PRACTITIONERS in MEDICINE, SURGERY, and MIDWIFERY, including the PRESIDENTS of the BRITISH MEDICAL ASSOCIATION, of the MARYLEBONE, FINSBURY, TOWER HAMLETS, KENSINGTON, and CITY MEDICAL ASSOCIATIONS, and of the ASSOCIATION of GENERAL PRACTITIONERS in MEDICINE and SURGERY of 1812; the VICE-PRESIDENTS of various Associations; MEMBERS of the COURT of EXAMINERS, and of the COURT of ASSISTANTS of the SOCIETY of APOTHECARIES; MEMBERS of the COUNCIL of the BRITISH MEDICAL ASSOCIATION; several highly respected MEMBERS of the ASSOCIATION of GENERAL PRACTITIONERS in MEDICINE and SURGERY of 1812; and various PRESIDENTS, HONORARY SECRETARIES, and MEMBERS elected by the different PROVINCIAL ASSOCIATIONS of GENERAL PRACTITIONERS; and EIGHTY-SEVEN HONORARY LOCAL SECRETARIES, appointed for various COUNTIES, CITIES, BOROUGHS, and PARLIAMENTARY DISTRICTS of ENGLAND and WALES."

By the month of March, 1845, this voluntary organization of the General Practitioners amounted to the almost incredible number of 4,500 persons—a larger number of Medical Practitioners than had ever previously combined for purposes of mutual protection. The Committee of this great Association distinctly stated, at the earliest period, the course they should pursue with respect to medical legislation; they invited an expression of the views and wishes of their professional brethren, and they declared it to be their intention to endeavour to procure a measure of medical reform, framed on such broad and liberal principles as would meet at once the reasonable expectations of the General Practitioners, and also provide for the requirements of the public.

The Committee were unanimous in their determination to uphold the character and attainments of the General Practitioners, upon whose skill reliance must be placed, in all emergencies, by the greatest proportion of the population. They laboured to convince the legislature of the deep interest which the public had in securing, that such individuals should be rendered as competent as possible for the discharge of the duties which devolved upon them; and they strenuously urged that care should be taken in legislating on medical affairs, that everything should be done to improve the qualifications of this class of practitioners, as medical science advanced.

It will be remembered, that at the time of the formation of this Voluntary Association, it was proposed to entrust the education and examination of the General Practitioners to the Colleges of Physicians and Surgeons. To this arrangement the General Practitioners objected, on the ground that the Colleges of Physicians and Surgeons had been found indisposed to admit the necessity, or even the expediency, of a high standard of qualification for the members of that branch of the profession. That it was to be expected, therefore, that the education and examination which the General Practitioners would have received at the hands of those Colleges, would not have had a tendency to raise the qualifications of their class, and that there was consequently great reason to apprehend that the existing standard might not have been maintained.

The conduct and proceedings of the Council of the College of Surgeons, at this time, were also of such a character as to justify the General Practitioners in their suspicions as to the intentions of that body, and were calculated to alienate the sympathies of the great bulk of its members, as well as of the profession at large. The National Association, therefore, boldly declared its determination to apply to the Government for a Charter of Incorporation for the General Practitioners; and they required it to be just and liberal in its great principles, and full and comprehensive in its minute details. The Society of Apothecaries fully recognized the rights of the General Practitioners to such a charter, for an institution of a collegiate character, and to a full participation in the education and the examinations of their own class. A numerous and highly influential Association, consisting of the medical Practitioners of Manchester, in a letter addressed to the Society of Apothecaries, and signed by Messrs. DONNINGTON and FRANKLIN, the Honorary Secretaries, stated that the Committee of the MANCHESTER Association entirely concurred in the opinion of the SOCIETY, "that the object of all parties will be, that such a College should not only occupy the same relation to the General Practitioners, as respects the control of their education and examination, as the Colleges of Physicians and Surgeons will occupy in relation to Physicians and Surgeons; but that it should enjoy, to the fullest extent, the same power of protecting the privileges and representing the interests of the General Practitioners, as the Colleges of Physicians and Surgeons will exercise in reference to the members of those branches of the profession."

Thus it will be perceived that, in the year 1845, the National Association, with its highly influential Committee and 4,500 members, the Society of Apothecaries of London, and also a highly respectable and numerous Association in Manchester and its vicinity, were *unanimous* in their desire for a Charter of Incorporation for the General Practitioners in a new and independent College, with equal power and privileges to those possessed by the elder institutions, and that this desire should be forthwith communicated to the Government. The Government of the day admitted the right of the General Practitioners to self-government, on the principle of representation in a College of their own, and negotiations were opened with the Corporations to *give effect to this arrangement*. These negotiations

have been procrastinated for *five years*, and the General Practitioners are still unenfranchised! It rests, then, with the 4,500 individuals who were so unanimously agreed a few years ago, to determine whether the enfranchisement of the General Practitioners shall be delayed for five years longer; or, on the other hand, be conceded before the ensuing Easter. The alternative rests entirely with the General Practitioners themselves. We have shown the General Practitioners, as we hope satisfactorily, how unanimous and energetic they were some five years ago. We believe most conscientiously, that the same unanimity exists now, only it is dormant and apathetic, until the opportune moment arrives. Of this, however, we are quite assured, that nothing transpired in any of the negotiations with the existing Colleges during the long period that has elapsed since Sir James Graham's first Medical Bill was introduced, calculated to allay distrust of them, or to cause the General Practitioners to abate one iota in their demand for corporate rights and privileges—a high standard of education to meet all the emergencies of practice—a fair share in the education and examination of their own class—due protection from empiricism—and reciprocal rights and privileges for all men, similarly educated and tested throughout the United Kingdom. We venture to affirm that nine-tenths of the General Practitioners of England, Ireland, and Scotland, would be ready to assent to any measure of Medical Reform that moderately meets their views. Medical men are tired with the fruitlessness of incessant agitation, and they are sick at heart with hope deferred. Let them offer some demonstrative proof that they are still of one mind on these points, and declare that they abide by their former opinions, and we are well assured that Mr. WYLD, or any other independent Member of Parliament, backed by such support, would be able, despite vested interests and corporate influence, speedily to procure a settlement of this most important—this very perplexing question.

QUACKERY, No. III.

IN the advertisement announcing our views and purposes, we have pledged ourselves to the opinion, that it is the duty and the policy of the profession to demand the suppression, or, at least, the control of quackery, at the hands of the legislature. In our second number, we offered some reasons for the adoption of this course; which, if we mistake not, are irrefragable. There may be, we fear, many members of the profession, and some among our readers, who are not convinced of the expediency of, or necessity for, new legal enactments of the character proposed. From various causes, but chiefly, we are inclined to think, from amiable feelings, they entertain a hope that the force of truth, the array of arguments, the production, and reiteration of facts, will alone be sufficient in the long run to effect the purpose of bringing men back to the dominion of truth and reason; that, at any rate, people will not risk their lives by relying on pretensions which have been *demonstrated* to be false and fraudulent.

If there be one amongst us who entertains such an opinion, we would point to the present state of that mean and contemptible delusion—MESMERISM. Refuted, exposed, and only saved from utter annihilation by the tenacity with which one individual, and he, unfortunately, a medical man, clings to it; ever and anon it raises its head, as if it had received new life and vigour. The common artifice of all charlatans, from time immemorial, has been first to delude, and then to thrust forward, some noble lord, some reverend simpleton, or some person with a popular reputation, as a shield against attack, and as a decoy to attract the vulgar. Amongst our titled classes, in the offices of the church, and popular writers of fiction, are found individuals, and such, indeed, abound at all times, whose talents, and education totally disqualify them from dealing with anything within the region of fact. Still they are held in great respect and esteem, and properly so, for many virtues, whilst they are not proof against the flattery which raises them into the class of philosophers, and they become themselves both dupes, and ringleaders of delusions.

The public press, unfortunately without reflection on the mischief which ensues, greedily seizes, to fill up a vacant space, on any marvel, vouched for by names so respectable. The multitude read the stories as established facts; and where the EVIL works and brings forth the natural offspring of falsehood, and error, and where the limits of that evil lie, no human tongue can tell.

These reflections naturally arise on seeing in the *Times*, of the 18th October, the following tale, without a warning word against its sheer folly and palpable falsehood:—

"HARRIET MARTINEAU AND MESMERISM.

"The current number of the *Zoist* contains three instances of mesmeric effect produced upon animals by the ordinary process of manipulation. This is a new branch of the mesmeric science, and as such is entitled to some notice. The first case is communicated by the Duke of Marlborough, who, in 1843, operated upon a yard-dog 'so savage and ferocious no one dare approach him, and in three minutes had him fast asleep, his last sigh being a deep growl.' His Grace afterwards operated upon another savage watch-dog at Blenheim, and 'in about 15 minutes he ran into his kennel and hid his eyes from the manipulating process—growling, snarling, and barking most furiously, notwithstanding.' The Duke then went to work again, the dog being ten times more furious than before, and in 45 minutes 'had him so quiet, oppressed, and stupid that he dropped his nose several times in the mud around his kennel, and kept shutting and opening his eyes.' The Rev. T. Bartlett, of Kingstone, near Canterbury, furnishes the second case, and tells how, in the autumn of 1837, when descending a mountain in Westmoreland, a bellowing bull approached the fence which confined him in the roadside field, and evidently wanted to cultivate a closer acquaintance with the Rev. gentleman. Mr. Bartlett, apprehensive that the bull might leap the fence, and declining the chance of being fixed upon the horns of a dilemma, approached the excited animal (being of course on the right side of the hedge) and 'looked him steadily in the face.' In about a minute, says the possessor of the charming power, "a twinkling of the eyelids arose, very similar to that of a human subject at an early stage of mesmeric influence. After, probably, three or four minutes, the eyes gradually closed, and the bull remained quiet, and appeared to be as immovable as if he had been chiselled by the hand of a sculptor.' The transition from his previously excited state to his position of perfect immovability was (adds the manipulator) indeed most striking. 'I could not but feel thankful that all danger from the bull was now past, and after looking at his fixed form for a few minutes more, I descended the remainder of the mountain, and did not stop to wake him.' The third and last instance differs from the preceding two, inasmuch as mesmerism was in this case used for the cure of a cow, when, to use a phrase applied generally to humanity, it had been 'given over by the faculty.' Dr. Elliotson had written to Miss Martineau to know the particulars of the cure said to have been effected by her, and in the following letter the amiable authoress tells her own story:—

"Bolton, near Skipton, Aug. 19.

"Dear Dr. Elliotson,—Your note has just reached me, having been forwarded from home. The story of the cow is this:—One very hot evening in July, I took some young cousins to see my stock; and I saw a small pail half full of blood at the door of the cow-house. During my absence that day, my cow, Ailsie, had been taken violently ill, so that the servants had sent to Rydal for the cow-doctor, who had bled her and given her strong medicines. This had been done some hours before I saw her; and the doctor had said that if she was not much relieved before his evening visit, he was sure she would die. There were no signs

of relief in any way when I saw her at seven o'clock, nor when the doctor came soon after eight. He said she could not recover, and it was a chance if she lived till morning. At ten she was worse, and, to be sure, no creature could appear in a more desperate state. She was struggling for breath, quivering, choking, and all in a flame of fever. Her eyes were starting, her mouth and nostrils dry, and her functions suspended, as they had been all day.

"It occurred to me then to have her mesmerised; but, I am afraid, I was rather ashamed. The man knew nothing whatever about mesmerism, except the fact that I had once done it with success to his sister. I believe he had not the remotest idea what was done, or what was meant.

"I desired him to come up to the house at 12 o'clock, and let me know Ailsie's state. As I sat during those two hours, I remembered how I had known cats affected by mesmerism, and how Sullivan, the whisperer, tamed vicious horses, and Catlin learned from the Indians how to secure buffalo calves by what seemed clearly to be mesmerism; and I determined to try it upon the cow if by midnight she proved to be past the power of medicine.

"At midnight I went down and found that there was no improvement or promise of any. I then directed the man to mesmerise her, and showed him how. He was to persevere till he saw some decided change in making passes along the spine, from the head to the tail, and also across the chest, as she laboured more dreadfully than ever in her breathing. Within a few minutes her breathing became easier, her eyes less wild, her mouth moist, and before morning she was relieved in all ways.

"The first news I heard was of the astonishment of the Rydal doctor, who came early, without any idea that she could be alive. He exclaimed that he had 'never thought to see her alive again;' that 'it was a good 10*l.* in Miss Martineau's pocket,' and so forth. One thing struck me much. My man called to me as I was in the garden, and asked me to come and see how 'Ailsie fare to go to sleep like,' when he mesmerised her; and it really was curious to see how her eyes grew languid and gradually closed under the treatment.

"This is not all. Towards noon, I was told that Ailsie had relapsed, and was almost as bad as ever. I went down, and saw that it was so, and ordered an hour's mesmerising again. The relief was as striking as before, and in two hours more she was out of danger, and has been very well since.

"I foresee how such a story may be ridiculed; but I perceive how important it is that we should gather some facts about the power of mesmerism over brutes, not only for truth's and humanity's sake, but because the establishment of a few such facts would dispose of the objection that the results of mesmerism are all imagination. I am fond of my cow, and stand up for her good qualities, but I cannot boast of any imaginative faculties in her. A cow morbidly imaginative is a new idea, I believe. If it is true that the greatest chymist in the world says, that he must believe if he saw a baby mesmerised, I would ask him whether a cow, or a cat, or a vicious horse, would not do as well.

"If my cows are ever ill again, I will try the experiment with great care, and let you know the result. I may mention that some of my neighbours were aware of the desperate illness of the cow, and of her doctor's astonishment at her recovery. We did not tell the doctor how we interfered with his patient, and I dare say he has not heard of it at this hour; but others of my neighbours were deeply interested in the story, and wished it could be made known. To this I can have no objection, as I do not mind a laugh, and should be glad to save the life of even a single cow.

"I am, dear Dr. Elliotson, yours truly,

"HARRIET MARTINEAU."

So long as these fooleries are practised upon the lower animals, we cannot invoke the aid of the law to suppress them. But these stories have a further purpose; in the very number of the *Zoist*, from which they are derived, mesmerism is represented as an effectual remedy against almost all mortal diseases. The obvious purpose of these fabulous stories of animals, is to draw human victims to the shrine of mesmerism—to lead unwary sufferers to trust to this nonentity, instead of having recourse to the art of healing in the hands of those who understand it.

Let us, in a few words, show the value of these tales. Who is there that does not know how utterly wanting the education of the nobility, and the clergy generally, is in natural history, or philosophy? A smattering of classical learning, the myths of the Greek, and the Roman poets, a little lying history, and the mere rudiments of mathematics, constitute generally the entire amount of their secular information. No class of men are less capable of furnishing any trustworthy testimony to natural phenomena. The reputation of the Duke of Marlborough is neither for shrewdness of observation, nor accuracy of judgment. A coronet may seem to place him in a position to impose opinions on mankind; but such sheer folly as the above must surely destroy any illusion of the kind. What is there in the story of these dogs belonging to mesmerism? What more than any dogs of spirit would do, when confronted by a gentleman using such foolish gesticulations, and who kept fairly out of their reach for "forty-five minutes?"

Next comes the Rev. T. BARTLETT. In charity we will only say, that thirteen years too often convert our dreams into apparent realities; and the Reverend gentleman no doubt met with this adventure in his easy chair. Should this meet his eye, and find him unwilling to admit this inference, we invite him to exhibit his prowess on an infuriated bull in Smithfield, before competent witnesses. *That* would convert us to mesmerism.

But what of HARRIET MARTINEAU and her cow? Miss MARTINEAU is a lady who has earned a no mean reputation by composing works of fiction. Many of her tales are amusing enough; but she has, to a judicious observer, perhaps in every one of them, shown an entire incompetency to deal with facts, and figures. In one publication, written to bring down to ordinary capacities the wretched philosophy of the Benthamites, this lady deals with the ticklish question of population. Most innocently does she display her fancy by assuming that children are brought forth by litters in any number short of a dozen; and, in order philanthropically to lend her aid to save society from being destroyed by over-population, and mankind from the horrible necessity of feeding on each other, she strongly recommends the employment of what she designates *preventive checks*, to limit the number of children. A reviewer of the day very properly attributes this to the innocent ignorance of a young unmarried lady; and advises her, instead of studying Malthus and Godwin, ratios, progression, and such profound philosophy, to ask a few questions of her mamma.

Miss MARTINEAU seems to have grown no wiser with age. What is the meaning of her joke about a cow morbidly imaginative? No lady of *that* species, we believe, has ever been accused of writing poetry, or fictions for children. But what child does not know that cattle will often become frantic with terror at the sight of an unknown object, with a flaring colour, especially red? We need not, however, have recourse to a theory to account for *nothing!* That her cow recovered by the unaided and unimpeded efforts of nature, we do Miss M. the credit to believe, or the morning blood-letting may have done something. The whole story may not be a fiction; nay, it may be forgiven that a lady should imagine that the PASSES of her cow-herd are as efficient as those of her correspondent, the Fellow of the Royal College of Physicians; but that she should permit the publication of such trash, and by this use of her name assist in deluding, and inflicting perhaps irreparable injury, on some suffering and prostrate fellow-creature, is not alone to be guilty of a folly—it is to COMMIT A CRIME.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

XL.—On a Case of Hemiplegia with Cerebral Softening, and in which Loss of Speech was a Prominent Symptom. With Physiological Remarks. By Robert Dunn, Esq. M.R.C.S., London.—In submitting to notice the following detail of a case of hemiplegia, with softening of the cerebral substance, and in which the loss of speech was a prominent feature, it is unnecessary to reiterate the observation made on a former occasion,* as to the special interest with which individual cases may become invested. In the present instance, however, I would observe that the patient, having had two previous apoplectic attacks under my own observation, the case was one of peculiar interest to myself, and may not be found unworthy of record, or at least, of a more extended consideration. At the same time, I would take this opportunity of giving expression to a conviction of my own mind, that medical psychology is too much neglected by us.

The psychological phenomena of disease present a wide and an interesting field for observation and inquiry; and it is, I think, greatly to be regretted that the subject has not more fully engaged the attention of those distinguished men to whom we are so much indebted—and to none more than a former president of the Medico-Chirurgical Society, my friend, Dr. Bright—for their valuable researches on the pathology of the brain. As the seat of conscious existence, and of human feelings and emotions—of all our hopes and fears, our joys and sorrows, and of the higher attributes of intellect and reason—the mind, it is admitted, ought to be studied in connexion with the material conditions of the encephalon, through which its operations and workings are manifested, in health and disease. Hence the necessity and the importance of noting and of studying the psychological manifestations or symptoms as they present themselves, especially in diseases of the brain and nervous system. The attempt to trace the connexion between structural diseases of particular portions of the encephalon, and of deranged, impaired, or obliterated manifestations of the mind, is clearly one which comes legitimately within the province of the medical observer, however great the difficulties by which the endeavour may be surrounded; but in private practice, the opportunities for such investigations are very limited, and I am aware how prone we are, when the experience is limited, to attach undue importance to individual cases. It is, therefore, not without some hesitation that I have submitted the following detail and observations.

The subject of this communication died in a state of coma, on the 18th of last April, in the sixty-sixth year of her age. She was of a mixed temperament, the sanguineous and nervous; of active and industrious habits, an even temper and happy disposition, and much beloved by her children and friends. Her education had been limited.

I was first called to attend her on the 6th of October, 1844, at four o'clock in the morning, in her first apoplectic seizure. Up to that time she had enjoyed excellent health; but she had retired to bed the evening before rather more than ordinarily fatigued, in consequence of the indisposition of one of her daughters. She slept with the invalid. A little before four o'clock in the morning, the daughter was awakened by a strange noise her mother was making, and I was immediately sent for. I found her in a state of coma, with stertorous breathing, head hot, face flushed and turgid, mouth drawn down to one side, pulse full and labouring. I bled her freely from the arm, gave five grains of calomel, and a strong cathartic draught, and applied a cold lotion to the head. At my next visit, about four hours afterwards, she had partially recovered consciousness, but I found her hemiplegic on the right side. A blister was applied to the nape of the neck, and a grain of calomel ordered to be given every four hours, with a dose of saline mixture. Her recovery was quick; she regained the free and full use of the arm and leg; and in a few months her general health appeared to be perfectly re-established. One peculiarity, however, remained—the habit of using one word for another, and of not applying appropriate names to the things signified. She never afterwards called even her own daughters by their right names. She had recovered so soon, and so perfectly, that I was inclined to view the attack as one of simple or congestive apoplexy; but the peculiarity in respect to verbal language arrested my attention, and led me to fear the existence of some structural lesion of the encephalon.

From this time her health continued good, and she discharged all the household and relative duties of life as usual, with pleasure to herself and family, up to the period of her second attack, which took place on the 17th of May, 1847. Her daughter found her, between eight and nine o'clock on the morning of that day, lying in a state of insensibility, on her back, upon the floor of her bedroom. She had opened the window-shutters of her bed-room, removed the bed-clothes, and whilst in the act, it was supposed, of making the bed, had fallen down in a fit on the floor. I was immediately summoned. The contrast was striking between the symptoms in this and those of the former seizure. The coma was alike profound in both; but there was little, if any, stertor in the breathing. Instead of the hot and flushed face, it was pale, and bedewed with a cold clammy moisture; the extremities were cold, and the pulse, instead of being full and labouring, was feeble, weak, and fluttering. An opposite treatment was clearly indicated. I gave her freely ammonia and Hoffman's anodyne; applied warmth to the surface of the body, and cataplasms of mustard to the soles of the feet and nape of the neck. A turpentine enema was administered. She gradually recovered her consciousness, but was speechless for the remainder of her life. In a few hours from the time of the attack she could be roused when loudly spoken to, but immediately relapsed into insensibility.

She was again, and for the remainder of her life, hemiplegic in the right side, completely as to motion, but some sensation remained; there was no muscular rigidity whatever. Active reflexed movements were excited, by tickling the foot, but none could be induced in the upper extremity.

On the fourth day from the time of the attack, I had the benefit of consultation on her case, with my friend Dr. Todd. By that time she had acquired a little more consciousness, but she was extremely low, and her pulse was feeble. She yawned a great deal, and often applied her hand to her left temple, as if in pain there. The fæces were passed involuntarily.

Dr. Todd thought her case presented a fitting opportunity for testing the muscular irritability in hemiplegia; and having assisted him in making the experiments, I can vouch for the correctness of the following account, given in his paper on 'The Muscular Irritability of the Paralysed Muscles,' in vol. xxx. of the Society's Transactions:—The hands, and afterwards the feet, were placed in basins of water. I first used a Cruikshank's battery, of fifty plates, but without effect, on either limb. I then had recourse to the magneto-electric rotation machine; by this, active movements were excited in the healthy arm and leg, some in the palsied leg, and very slight and feeble contractions in the palsied arm. On applying the poles directly to the palsied limbs, contractions were excited, but even these were extremely feeble and partial. On the 26th of May, five days afterwards, I repeated the experiment. The patient had acquired rather more consciousness and strength, but the palsied limbs were apparently unchanged. When the current was passed through both arms, by means of basins, only one of the two muscles of the paralysed arm were feebly excited, whereas the sound one was thrown into energetic action. The same results precisely were observed in the legs.

The improvement in her general health after this attack was very slow, but progressive, and ultimately, she got remarkably well. But she was paralysed on the right side, and speechless. In the upper extremity, the hemiplegia, in respect both to motion and sensation, was complete; in the lower, the sense of feeling was not altogether abolished, and there apparently remained some slight power of motion. She was able, with the assistance of her daughter, to move about the room. The arm was generally kept in a placed position; the muscles were slightly rigid; the fingers were bent inwards upon the hand, and it was with some difficulty that they could be straightened. Although speechless for the remainder of her life, all the special senses were intact. She could see and hear, smell and taste; the motions of the tongue were free, and there was no difficulty in deglutition. She was perfectly sensible, took an interest in passing events, more especially in anything appertaining to her family and friends; her emotional excitability, indeed, appeared rather to increase. She had never been much interested in books, and latterly less so than formerly; but it had been her daily practice, throughout life, to read a chapter in the Bible every morning, and she never relinquished the habit.

In reply to a simple question, she could not say *yes* or *no*, and never could get beyond the utterance of the monosyllable, *dat*, *dat*, while the conscious failure of the effort found expression in a hopeless shake of the head, and often in the exhibition of emotional feeling, and a gush of tears. Still, with the exception of the paralysis and loss of speech, her general health latterly was good, and she was cheerful and happy. Her appetite was excellent, and she had become stouter. Seated in the family circle, and sur

* On a Case of Apoplexy of the Cerebellum, read March 13, 1849, and published in vol. xxxii. of the 'Medico-Chirurgical Transactions.'

rounded by her children, she looked so well and was so happy, that no one would have taken her to be an invalid, but the illusion vanished with the effort at locomotion, or the attempt to mould into expression and to convey by words to the minds of others, the thoughts that were passing in her own.

The last and fatal seizure was as sudden as the two former had been. On the 14th of last April, as she was being undressed at about ten o'clock in the evening, she fell suddenly back in a fit in her chair, and for a short time the paralysed arm and leg shook violently. With some difficulty she was lifted into bed in a state of insensibility and utter helplessness. I was sent for. I found her, at the second attack, in a state of great collapse, and comatose, with loud stertor, and with her left side as helpless as her right—completely paralysed, passive, and powerless. The pulse was small, weak, and fluttering; the whole surface of the body, as well as the extremities, were cold and clammy. In the right palsied arm and leg were noticed occasional convulsive jerks, but none in the left. Tickling the sole of the right foot excited active reflex movements, but the same means produced no effect on the left. The sphincter ani was relaxed. The teeth were so firmly fixed, that nothing could be got into the mouth. Warmth was applied to the surface of the body and to the feet. A turpentine enema was thrown up, and a blister applied to the nape of the neck, but, I need scarcely say, without any good effect. She gradually became weaker, and expired quietly on the 18th, the fourth day from the attack.

Post mortem examination, twenty-eight hours afterwards.—On carefully raising the calvarium, leaving the dura mater *in situ* the sinuses were found gorged with dark black blood, and I was struck with the want of symmetry between the hemispheres of the brain. The left, on its anterior and upper surface, was much *depressed* and *shrunken*, and, on applying the finger to the depressed portion, a distinct fluctuation was felt beneath the membrane. This was found to arise, on the removal of the dura mater, from the presence of serous effusion into the arachnoid sac, to the extent of several ounces; the other membranes were opaque and thickened. The right hemisphere presented nothing abnormal in its appearance, and on carefully slicing down its substance to the level of the corpus callosum, the structure throughout was healthy. When its lateral ventricle was laid open, a very small and recent apoplectic clot was seen upon the upper and anterior surface of the corpus striatum, surrounded on all sides by a red streaky extravasation into the broken-down tissue of the striated body. The whole of its upper half was in a state of *ramollissement*, and on the outer surface also, of the thalamus opticus, were noticed some indications of white softening. Of the left hemisphere, the upper two-thirds of the anterior lobe was a pulpy mass *in a state of complete destruction, with colourless softening*, while the middle and posterior lobes were sound and healthy. The corpus callosum was destroyed except at its anterior and inferior reflexion; and so also was the upper half of the corpus striatum on the left side. The optic thalamus was shrunken to less than half its natural size, its upper surface being greatly wasted. The anterior commissure and fornix were gone, but the corpora geniculata were sound and healthy. It was only the lower plane of the left anterior lobe, and of the corpus striatum which maintained their integrity. There was some serous effusion into the ventricles, and at the basis of the skull.

I had the advantage of Dr. Todd's assistance in investigating the diseased parts, and a microscopic examination showed an abundance of compound cells in the softened portions, and of capillaries filled with fat. The small branches of the middle artery were faulty in structure. The cerebellum, basis of the brain, medulla oblongata, and the whole of the sensory ganglia, were in a healthy state.

The case affords a good illustration of the varying character of apoplectic seizures, and offers some points of physiological interest, in reference to the faculty of speech.

The first fit presents us with a common form of the disease, and from which the recovery was so perfect, that but for the peculiarity which remained, in respect to verbal language, I was at the time disposed, as I have observed, to view it in the light of a case of simple or congestive apoplexy. It is not to be denied that such cases do occur, and in them the paralysis is transient, disappearing with the removal of the pressure; but they are, I am inclined to think, far less frequent than is generally supposed. When the paralysis is at all persistent, I believe it to be associated with a rupture in the continuity of the fibrous structure of the brain. This is not a mere hypothetical opinion.

I have had several opportunities of examining patients that have died of other diseases, who have previously had apoplectic seizures, but with whom all traces of paralysis had disappeared, and at periods varying from months to years from the time of the paralytic stroke, and in every case I have found cysts, or other evidences of structural lesion. The severity and duration of the paralysis are no doubt dependent upon the extent and the situation of the extravasation; and as a matter of actual observation, I quite agree with Dr. Bright, and other observers, "that effusions take place more frequently than in any other situation, at a little to the outside of the corpus striatum in either hemisphere, just at the point where many large vessels may be traced coming off from the trunks in the fossa Sylvii, and pervading the brain."* In the present instance, from the appearances observed at the post-mortem inspection, the degeneration of the anterior lobe of the left hemisphere, the wasted and shrunken condition of the corpus striatum and thalamus opticus, on the same side, and the faulty state of the small vessels in the fissura Sylvii, it is reasonable to infer that the symptoms were not due to mere congestion, but that some extravasation, however slight and limited at the time, had taken place, and which in all probability, by an arrest of nutrition, laid the foundation for the subsequent and more serious affection.

In the second fit, as well as in the last fatal attack, we have examples of that second form of apoplexy, which Dr. Abercrombie has so graphically described. And while the actual pathological condition, at the time of the second seizure, is veiled in obscurity, the fatal issue of the third, and the hemiplegia of the left side which preceded it, were evidently due to the rupture and clot in the right corpus striatum.

In respect to the second fit, although there was no evidence found at the post-mortem inspection, of apoplectic cysts, the whole of the upper two-thirds of the anterior lobe being in a state of softened degeneration, still it is not improbable that this condition was due as a consequence to previous extravasation into its substance. But be that as it may, the diseased appearances afford a satisfactory explanation of the paralysis, and if I am not mistaken, throw some light on the cause of the loss of speech.

The loss of the power of articulation may arise from a variety of causes, independently of cerebral lesion; but these are foreign to our present consideration, for in this instance it is abundantly manifest, that the cause of the loss of speech was of cerebral origin, implicating the encephalic motor centres, through which the volitional power is exercised.

A great mass of evidence has been collected in support of the opinion of Gall, that the seat of the faculty of speech is in the anterior lobes of the cerebrum.

In 1848, two memoirs were read before the Académie Nationale de Médecine de Paris,—one by M. Belhomme, "De la Localisation de la Parole dans les Lobes Antérieurs du Cerveau;" and the other by M. Bouillaud, entitled "Nouvelles Récherches Cliniques Propres à Demontrer que le Sens du Langage Articulé et le Principe co-ordinateur des Mouvemens de la Parole Resident dans les Lobules Antérieurs du Cerveau," containing new observations made by him since the date of his former paper, in 1839.

The subject has undergone much discussion in France, and opposing evidence has been adduced. Andral† gives the particulars of two cases—one in which loss of speech was the only cephalic symptom, and another, where it was complicated with hemiplegia of the right side, but the intellect was unaffected. They were both in old women—the first eighty, and the other seventy-three years of age. In the first case the speech was lost all at once, but not in a fit, three years before her death. She was never known to have lost her consciousness, nor the power of sensation or motion. Andral says—"Tout semblait nous annoncer que l'intelligence avait son intégrité. Dans les quatre membres, les mouvemens etaient libres, faciles, et la malade sentait bien les impressions douloureuses qu'on cherchait à faire naître sur la peau qui les recouvre. Lorsqu'on lui demandait si elle souffrait de la tête, ou si elle en avait souffert, elle repondait par un geste négatif. L'ouïe, la vue, et l'odorat, s'accomplissaient comme dans l'état normal." At the autopsy, in the left hemisphere there was found a small ramollissement, of the size of a large pea—"Au niveau et en dehors de l'extremité postérieure du corps strié tout-a-fait à sa pointe;" and in the right hemisphere a similar ramollissement—"A l'union de la moitié antérieure avec la moitié postérieure de cet hémisphère, à une égale distance de ces bords interne et externe, et au point de jonction des deux tiers supérieurs avec le tiers inferieur de la masse nerveuse située du centre ovale de Vieussens." These were the only cerebral lesions. In the second case—"Dans tout l'encephale, il n'y a d'altéré que le corps strié du côté gauche." It was a soft, pulpy mass to within three lines of its exterior surface. Andral observes: "Le siège du ramollisement est digne de remarque; il

* Dr. Bright's Hospital Reports—Diseases of the Brain and Nervous System, vol. ii. p. 331.

† Clinique Medicale—Maladies de l'Encephale, vol. v. p. 454.

est exactement borné à l'un des corps striés, ce qui n'empêche pas qu'il n'y ait paralysie des deux membres et abolition de la faculté de parler." Other cases have been recorded, in which the structural lesion was confined to the corpora striata, and a few in which the middle and posterior lobes were implicated in the disease of the striated bodies.

Now, in the consideration of this subject, it is never to be forgotten, that the perfect power of speech, that is, the power of giving utterance to our thoughts and ideas in suitable and appropriate language, *depends upon the due relation between the centres of intellectual action, and of the encephalic motor centres, through which the volitional power is exercised.* Thoughts or ideas may be moulded for expression in the seat of intellectual action, but the due agency of the volitional power, to give them utterance, requires the integrity of the commissural fibres, and of the motor centres, through which the volitional impulses of thought operate in speech. The imperfect power of articulation which we so constantly meet with, in hemiplegic patients, I have no doubt is owing to some structural lesion in the integrity of the motor centre of volition.

A highly interesting and instructive case, bearing upon this point, came under my own observation, a few years ago. It was that of a young woman, in whom there existed, for many months, a suspension of the mental faculties, power of speech, and special senses, with the exception of sight and touch, in consequence of her having accidentally fallen into a river, and been nearly drowned. An account of the case was published in *The Lancet* of 1845. When I first saw her, on her being brought home, about three weeks after the accident, her only medium of communication with the external world was through the senses of sight and touch, for she could neither hear nor speak, smell nor taste. Her mental faculties appeared to be entirely suspended, there being for some time no evidence that any ideas were aroused by the sensations she received, although respondent movements of various kinds were excited through them. Thus, her vision at short distances was quick, and so great was the state of exaltation of the general sensibility upon the surface of the body, that the slightest touch would startle her; still, unless she was touched, or an object or, person was so placed that she could not avoid seeing the one or the other, she appeared to be quite lost to everything that was passing around her. She had no notion that she was at home, nor the least knowledge of anything about her; she did not even know her own mother, who attended upon her with the most unwearied assiduity and kindness. Her memory and the power of forming and associating ideas were quite gone. Wherever she was placed, there she remained throughout the day. She was very weak, but her bodily health was not much deranged; the tongue was clean, the skin moist, and the pulse quiet and regular; but the bowels were sluggish." After a lapse of three months, an incident occurred in the family which roused her sensibility, and suddenly brought into play the suspended power of articulating words, *but not the perfect power of speech.* Seeing her mother in a state of excessive agitation and grief, she became excited herself, and, in the emotional paroxysm of the moment, she gave utterance, by ejaculating, "Wh-a-t's the mat-ter?" From this time, she began to articulate a few words, but she never called things by their right names. The pronoun *this* was her favourite word, and it was alike applied to every individual object, animate or inanimate; and, so long as *the intellectual centre was in an abnormal condition, the perfect power of speech was in abeyance.*

Nine months afterwards, under sudden and overwhelming emotional excitement, she fell down in a fit of insensibility of many hours' duration, but which proved critical and sanatory. She awoke in the possession of her natural faculties and former knowledge, but without the slightest recollection of anything that had taken place during the interval of the twelve months that her faculties had been suspended.

It is admitted that there is no point in physiology more clearly made out than that the cerebral or great hemispherical ganglia —that vast sheet of vesicular matter which crowns the convoluted surface of the cerebral lobes—is the centre of intellectual action, of perception, volition, and of all the intellectual operations and processes; and my own mind rests in the conviction, that the amount of pathological and other evidence which has been amassed, irresistibly establishes the position of Gall, that in speech *the power to frame the thought and mould it for expression has its seat in the anterior lobes of the cerebrum.* I hold it to be as indisputably established, that the corpora striata are the *motor centres of the volitional power* of the encephalon. *They are not the seat of volition itself, for that is an attribute of the intellect,* but the motor centres through which the volitional impulses of the cerebral hemispheres operate—*the connecting link of thought with action.* Their commissural connexion with the centre of intellectual action, the great hemispherical ganglia, is so intimate and so extensive, that they are evidently subservient, at all points, through the agency of innumerable radiating commissural fibres, to the mandates of the will, or volitional power of the hemispheres on all occasions, and in every voluntary act or effort; and hence does it not necessarily follow, that loss of speech or power of utterance will alike result from *disease of the anterior lobes, or of such parts of the corpora striata as are in direct relation with them?*

There is not, I believe, a single instance on record in which the power of utterance was retained *intact,* however sound and healthy the great hemispherical ganglia may have been found, where the corpora striata were both diseased. The apparently conflicting evidence which has been adduced as to the seat of the faculty of speech, admits of a satisfactory explanation when thus considered in relation to the centres of intellectual action and motor centres of volition.

In the present case, which I have narrated, it is quite evident that with the disorganization of the left anterior lobe its functional power was entirely abolished; and though the right hemisphere was healthy, and there is every evidence, from the history of the case, that it maintained and exercised its functional power as a centre of intellectual action, still the volitional agency was wanting to give utterance to the passing thought, for the corpus striatum was not in its integrity.

The condition of the irritability of the muscles of paralysed limbs being still, I believe, an unsettled question with my friends Dr. Marshall Hall and Dr. Todd, it is to me a matter of regret that the subject had not been put to the test of *another* experiment in the case of this patient, especially as the paralysed limbs had not wasted, but in their nutritive condition had latterly improved. There can be no doubt, in respect to the question at issue, that both experimenters have with perfect truth recorded the result of their experiments, and the discrepancy has, I think, been satisfactorily explained. They are alike anxious to promulgate sound physiological views, and to furnish us with new and useful aids in diagnosis. To Dr. Marshall Hall, indeed, in his capacity alone of expounder of the *doctrine of reflex action,* and of its practical application in the elucidation of symptoms, and to therapeutics, every enlightened practitioner is under great obligations; still, on the subject of muscular contractility, though with great deference, I dissent from his views, I think that the late Dr. Reid, in his memoir "On the Relation between Muscular Contractility and the Nervous System,"* has fully established the fact, that *muscular irritability is a special vital endowment of the tissue itself,* and not dependent upon, or derived from, the spinal cord; in truth, that the *vis insita* of Haller is an inherent vital property, and perfectly independent of the *vis nervosa,* though generally called into action through its instrumentality. He has shown that this *vis insita,* like all other vital properties, depends for the energy of its action, upon its state of nutrition, and this, again, in its turn, is regulated, *ceteris paribus,* by the degree of exercise to which the muscles are subjected.

Dr. Reid has experimentally proved—1st. "If muscles, separated from their connexions with nerves, be kept in a state of occasional use) by the application of artificial stimuli), their nutrition is kept up, and their contractility retained for any length of time; and 2ndly. If the contractility of a muscle thus circumstanced be exhausted by repeated stimulation, it will be recovered after an interval of some days after section of the nerves." Now, it appears to me, that, as in the case of *exhaustion* after excessive fatigue, time and rest are required *for nutrition* to restore and replenish the contractile power, the *vis insita* of the muscles, so in the case of a paralytic attack, after the shock which the whole system has sustained, the degree to which the irritability of the muscles in the palsied limb may be deranged, and the condition in which they may afterwards remain, will essentially depend upon the state of *the nutrition* in these muscles themselves. —*The Lancet, October* 26 *and November* 2, 1850, pp. 473, 499.

XLI.—On the Treatment of Inflammation of the Eyes. By Professor Langenbeck, of Göttingen.—While Professor Langenbeck calls attention to the practical importance of considering inflammations of the eyes according to their known character, and retaining the theoretical classification of these affections into idiopathic and specific, he at the same time warns the practitioner from adhering too scrupulously to this principle,

* Physiological, Anatomical, and Pathological Researches, by J. Reid, M.D. & F.R.C.S.E.

since it is often of the greatest moment to allay the inflammation as rapidly as possible. He therefore regards the main indications in the treatment of these inflammatory affections to be, first, the alleviation or removal of the inflammatory hyperhæmia by local and general antiphlogistics, and next, the quieting of the morbidly excited nervous activity by a palliative mode of treatment. According to his experience; the following methods correspond most nearly with the various indications of the disease.

1. *Simple derivation to the mucous membrane of the intestine, and to the skin*, is sufficient in slight or partial inflammations of the lids, especially in children, and in patients of sound constitution. This method of treatment which, however, must be prosecuted with vigour, may frequently be made to supersede strictly local means, as for instance, cold applications, &c. Dr. Langenbeck generally prescribed calomel and jalap (for children four or six powders of four to eight grains of jalap with two of calomel; and for adults, the same quantity of jalap with a grain or a grain and a half of calomel, every three hours), to be followed by a saline aperient, or infus. sennæ with magn. sulph. Conjunctivitis, or blepharitis, arising from a mechanical or chemical irritation, atmospheric influences, or the reflex action of other parts, more especially the organs of digestion, is most speedily cured by the above means, together with free exercise in the open air, or even in the house, by avoiding a strong light and everything that may strain the eyes, and by maintaing a spare diet.

2. *More powerful derivation*, with a more rigid general treatment, is suitable to the advanced stages of these inflammatory affections, and should consist in the use of injections of magnesia, castor-oil, &c. In children, a suppository steeped in castor-oil, or in a strong solution of magnesia or Glauber's salts, may be used, while at the same time aperients should be frequently administered. Combined with these aperients, powerful external irritants may be applied at a distance from the eye, as on the calves of the leg, the inner part of the thighs, on the neck, the sacrum, &c. Dr. Langenbeck has found much service from large blisters and mustard poultices, and is of opinion that spirit of mustard rubbed into the feet is more efficacious than warm, stimulating foot-baths. He recommends that the feet should be kept warm by extra clothing and hot-water bottles, as long as the inflammation retains its acute type.

3. *Irritation of the mucous membrane of the nose* is regarded by Dr. Langenbeck as affording much benefit in all forms of inflammation of the eyelids, but more especially in the catarrhal type, where the methods already indicated prove insufficient, and where the inflammation is chronic or characterised by relapses. Dr. Langenbeck observes that pungent snuff, black mustard used as snuff, and the inhalation of the fumes of hot camomile tea, often afford striking relief. In persons disposed to inflammatory affections of the throat, he has found acute inflammations of the eyes removed by the application of a broad band of blistering plaster round the neck, and continued inhalation of the fumes of hot camomile tea.

4. *Special excitation of the activity of the functions of the skin* by the continued use of small doses of tartarised antimony, by liq. amm. acet., or by daily friction of the whole body, more especially of the scalp, with a flesh-brush, in a well-warmed apartment, and passing a heated flat-iron over the body of the patient when wrapped in a blanket, were found to constitute a most successful method of treatment in rheumatic inflammations of the eyes (*sclerotitis, sclerocyclitis, conjunctivitis diffusa profunda*) when accompanied with extreme sensitiveness of the eyes, and exacerbated by atmospheric influences or frequent relapses. Langenbeck is of opinion that warm baths are useless, or even injurious, where the head is not well guarded against the vapour, until we know how the inflammation will terminate; unless, indeed, in the case of scrofulous inflammation of the eyes in children of an impetiginous or rheumatic diathesis, when the constant employment of baths may be found very serviceable.

5. *Glandular derivation, i.e.*, violent irritation of the parts in which the lymphatic glands are most fully developed (from the chin to the ear or neck, under the lower jaw, in the axilla and inguinal region, or upon any specially developed gland), by the frequent application of blistering plasters, or if necessary by setons, is recommended by Dr. Langenbeck in scrofulous inflammation of the eyes. When this treatment is combined with strong derivations from the intestines, warm baths and certain local means, it has been found specially beneficial in those cases where the continued use of aperients and anti-scorbutics bring no amendment, and where the cornea is threatened.

6. *Stimulation of open issues before the ear and on the temple*, by scattering a small quantity of a mixture of equal parts of borax and salt on them, was at first employed by Dr. Langenbeck only in cases of fresh exudations in the eye, but subsequently extended with decided success, to acute and chronic hyaloiditis, keratitis, iritis, and uneitis; with reference to the latter affection, he observes that it would he better designated as inflammation of the walls of the posterior chamber. He regards the benefit derived from this mode of derivation as in part depending on an increased secretion of the salts of the lachrymal secretion, whose saline contents seem to promote the absorption of the exudations that have been deposited,

7. *Derivation by the frequent use of large blisters to the joints* of the foot, knee, hand, and elbow, with subsequent irritation of the parts by vinegar, or spirit of mustard, was found of special benefit in affections of the iris, chloroid coat, retina, and cornea, and where the patients had already suffered from gout or rheumatism, as well as in older persons with the arthritic or rheumatic diathesis. The same method was employed with advantage by Dr. Langenbeck before operating on the eye; and in reference to this, it may be observed that this great oculist attaches much importance to a precursory mode of treatment, such as derivations to the skin or intestines (if necessary, prophylactic blood-letting), and maintenance of a strict diet for some days before an operation is to be attempted. He does not consider that atmospheric relations, or the seasons of the year, need be had in regard, but he thinks he has observed that inflammatory symptoms occur more readily in old persons after operations which only shortly precede lunar changes.

8. *Blood-letting* is employed by our author in accordance with the usual indications, and leeches applied along the course of the carotid in the trigonum colli, and on either the affeilia, or on both sides. He even employs blood-letting from the arm in children above the age of five years, but does not consider cupping as of much service in more acute inflammation, since a very large number of cups must be applied to the front and sides of the neck. Where inflammation of the eyes is connected with disturbances of menstruation, Doctor Langenbeck recommends the injection of a warm solution of savine and borax, in addition to the local application of leeches, and the internal employment of emmenagogues.

9. *Local Cold.*—Doctor Langenbeck distinguishes between moist and dry cold, employing the former in the following method, in consequence of the injurious effects that often result from the ordinary mode of using cold applications: he makes use of horn rings, resembling spectacles, and attached together in the same manner, and in these he places a piece of ice wrapped in linen, which lying on the edge of the orbit exercises no pressure, and need not be renewed more than once in every three or four hours, whilst the water flowing down the cheek may be dried up by a cloth or sponge. Another method is to spread a small quantity of equal parts of nitre and muriate of ammonia upon the inner angle of the lids, while the patient lies on his back with his eyes closed, and suffering a few drops of distilled water to dissolve the salts. By bending the head backwards and sideways, the water can easily be retained four or five minutes, until it has become warm. This method would appear to act favorably both by the cold which is thus developed, and by the antiplastic properties of the salts coming in contact with the whole surface of the eye. The unpleasant sensation at first experienced soon ceases, and Dr. Langenbeck has found greater benefit arise from three or four such applications through the day than from cooler applications every hour. Cold compresses may be advantageously conjoined with this method of treatment, and benefit was derived in acute inflammations of the eyes, from the employment of the cold douche, continued for five or six hours consecutively by means of a suitable apparatus. It was observed that the mixture of nitre and muriate of ammonia above referred to, exercised a much less favourable effect when applied by means of linen cloths. Dry cold is applied through the agency of glass spheres filled with the above-named salts, water, or ice, and laid in the horn rings we have already described. Dr. Langenbeck has been led to conclude from various experiments, that the *majority* of the inflammatory affections of the eyes, without reference to the locality of the disease, ought to be treated by continuously applied moist cold. As, however, this mode of treatment would be obviously injurious in some eye diseases, and as in other such affections it is often difficult to know whether cold should be applied in the moist or dry form, he has classified the applicability of cold in the following manner :—

1. *Inflammations arising without any prominent constitutional cause*, require, without reference to their locality, the continued employment of *moist local cold*, this treatment being the more strongly indicated in proportion to the intensity of the inflammatory condition. Where the fibrous tissue and the muscles of the eye-ball are implicated, and when the affection assumes an erysipelatous character, such continued application of moist cold

is inadmissible. In the former case, we may indeed occasionally have recourse to such applications, if care be taken not to continue them more than a few minutes; in the latter, *dry* cold only is admissible; and in both cases a covering of oil-silk, extending from the forehead to the lower part of the cheek, should be kept over the eye for some hours, or until the cold application is repeated. In inflammations of a less acute character, *dry* cold, the douche, or the use of the mixture of nitrate and muriate of ammonia, is to be preferred to moist cloths. Doctor Langenbeck saw very favourable results in blennorrhagic inflammations of the eyes in adults, from the uses of this saline mixture, together with cold cloths; and he also strongly recommends an injection of ice-cold water, or of a strong solution of tannin and alum into the eye. Finally, he observes, that in chronic inflammations, especially in old persons, frequent and short applications of cold are preferable to its continued employment, and draws attention to the increased absorption induced by short douches into the eye. He also confirms the favourable action attributed to the cold or warm douche in hyperæsthesis of the retina, and of the nerves of the eye.

2. *Inflammations having a constitutional cause without dyscrasia* (the venosity of German writers), as Ophth. menstr. hæmmorhoid., abdomin., &c., demand a long-continued, vigorous employment of the cold douche, as well as of cold cloths, or the mixture of nitre and muriate of ammonia during the intervals.

3. *In all constitutional inflammations of the eye, without reference to the implication of the tissue*, a permanent low temperature is indispensable to a rapid cure. As, however, *moist* cold would tend to further the softening of the cornea which is peculiar to dyscratic inflammations, *dry* cold is alone admissible in the treatment of these cases.—*Langenbeck's Klin. Beiträge. Göttingen*, 1849.

XLII.—On the General Paralysis of the Insane. By M. Moreau.—Two questions engage M. Moreau's attention in this paper. First, has the number of insane affected with general paralysis been on the increase of late years? and secondly, is general paralysis ever met with unconnected with insanity?

1st. Increase of general paralysis among the insane. An answer to the first question can only be obtained from figures. M. Moreau examines it thus in different classes of society; viz., the mass of the people, the bourgeoisie, and the aristocracy. In respect to the first of these, the registers of the Bicêtre have been very carefully kept for several years, and the result of their examination during twenty-one years (1828—1849) is adduced. From these it appears that these cases have progressively increased from 7 per cent. in 1828, to 37 per cent. in 1849. The disease has been too well understood since the treatises of Bayle and Calmeil, to admit of this increase being explained by its being better recognised now than heretofore. The figures, too, have been furnished in succession by such eminent observers as Ferrus, Voisin, Leuret, Delassiauve, and the author. Charenton, especially, receives the insane from the bourgeoisie class; and according to the successive reports of Calmeil, Bayle, and Esquirol, the proportion there has increased from 6½ per cent. in 1820—1825, to 20 per cent. in 1826, and 25 per cent. in 1826-8. More recent numbers than these last furnished by Esquirol are not obtainable; but all persons connected with the establishment state that the number has much increased since then. The aristocratic classes constitute the chief number of those who have inhabited the establishment founded by Esquirol; and the numbers, for a long series of years, have been furnished by M. Mitivié. According to these, no progressive increase is to be observed here, as in the two other classes, the most extreme variations occurring even quite recently (as 5 per cent. in 1847 to 36 per cent. in 1849), as formerly; so that the safest conclusion is to consider the numbers as stationary, as regards the higher classes.

From this account the author, believing paralytic insanity to constitute the highest degree of psycho-cerebral disorder, draws the important inference, that in proportion as civilisation extends from the upper to the lower ranks of society, anxiety, restlessness, and intellectual excitement descend with it, inducing cerebral excitement, simple insanity, and finally the most serious of all cerebral disorders, insanity with paralysis.

With respect to the question whether general paralysis is ever met with *unconnected* with insanity, M. Moreau arrives at the following conclusions:—

1. That the disease generally known under the name of "general paralysis of the insane," really constitutes a morbid individuality, having no analogue in the nosological chart.

2. That the lesion of the motor and of the intellectual powers are pathological elements of equal value, whatever may be the comparative epochs at which they respectively manifest themselves.

3. That the one necessarily employs the other, if the disease is regarded in its entire and complete development, and not in its isolated phases.

4. That the general paralysis and the insanity are pathological phenomena united together, as necessary and constant effects of the same primordial cause.

5. That the two phenomena never manifest themselves completely and absolutely isolated from each other at the onset, or in the course of the disease.

6. That if the contrary has been maintained, it has arisen from the erroneous ideas which have generally been held, of the nature of the disturbance of the understanding,—the philosophical sense of the word insanity having been confounded with its physiological and medical sense.—*Gazette Médicale*, No. 19.

XLIII.—Case of Popliteal Aneurism treated by Ligature of the Femoral. By James Drummond, Surgeon, Dundee.—John Fenwick, aged 33, seaman, employed in the coasting trade of this port, consulted me on the 13th of July last, in consequence of a pulsating tumour in the right popliteal region, which had first attracted his attention when at sea, sometime in the beginning of May last. He states that his right knee-joint has been weak, and often the seat of pain, ever since he received a severe injury about twelve years ago, when he was thrown from the top of a stage-coach. His attention was first directed to the pulsating swelling in consequence of increased pain and stiffness in this joint, although at that time the tumour in itself gave him little or no uneasiness, and was looked upon as a matter of small moment. It had of late, however, begun to increase considerably in size; and he now, for the first time, felt severe sharp shooting pains along the shaft of the tibia.

When I first saw him (July 13), the tumour occupied about two-thirds of the popliteal space, powerfully pulsating, visible to the eye, and conveying to the hand, both directly and laterally, the peculiar thrill so characteristic of aneurism. Pressure on the femoral immediately commanded the pulsation in the tumour, and by slight manipulation the sac could be entirely emptied of its contents.

The nature of the disease was explained to the patient, and an operation recommended. This he, however, declined, in the meantime at least, in consequence of being under an engagement for a voyage to Liverpool, and he accordingly sailed next day.

I again saw him on his return (August 17th). The tumour was still increasing, and now the seat of severe pain, and he expressed himself anxious for relief. His general health was excellent. I had him confined to bed and ordered low diet, with a gentle laxative to prepare him for the operation, which was performed on the 23rd of August, under the influence of chloroform, in the presence of Dr. Munro, Mr. M. Nimmo, and Mr. Langlands. The sheath was exposed immediately above the crossing of the sartorius, and carefully opened on its fibular aspect to the smallest possible extent. The coat of the vessel being now seen, the needle was carried round it from within outwards, and the ligature, which was found entirely to command the pulsation in the tumour, was tied by the common reef knot, and one of the ends removed. Scarcely a drop of blood escaped. The wound was brought together by two stitches, and treated by the cold-water dressing. At the end of 48 hours, it was found to be united throughout its whole extent, except immediately around the ligature. The stitches were removed, and its edge kept together by plaster.

The temperature of the limb was for the first two days slightly lower than that of its fellow, but by the third no difference could be felt. The pulsation of the tumour never returned, and its contents are being rapidly absorbed. The ligature separated on the 23rd of September, being the 31st day, and he is now about to resume his usual occupation.—From the *Monthly Journal of Medical Science.*

XLIV.—Surgical Operations in reference to the Employment of Chloroform. By M. Boyer.—M. Boyer considers that surgical operations, in their relation to chloroform, may be thus arranged.

1. Those in which it is a powerful auxiliary, facilitating their execution, as in the reduction of dislocations and strangulated hernia. 2. Those which are exceedingly painful, in which chloroform diminishes suffering, but does not render the operation more easily executable. They are very numerous, and this is the only point of view in which the public regards the advantage of anæsthetic agents. 3. Those in which it may become an obstruction or preventive to their execution. Thus a patient of M. Boyer, on whom he was operating for lithotrity, became so restless under chloroform, that he could not continue until the anæsthetic influence was withdrawn. 4. Those in which it may prove dangerous, as in cataract. So, too, in tedious and delicate operations

upon the glottis itself: but, if in the neighbourhood of that organ, changes of temperature are apt to irritate the sore and excite contraction of the glottis, whereas in the former case, the slightest disturbance of the general circulation, as, for instance, sitting in a heated apartment, or entering one from the cold air, immediately increases the previously existing enlargement of the glottis, so as to aggravate the patient's difficulty of breathing. Both these conditions co-exist very often in the same case, and I believe that that of the clergyman, formerly narrated, was an example of this distressing combination. Nor could I adduce a better instance in proof of the efficacy of the solution of caustic, applied to the part affected, in removing these prolific causes of pain and anxiety.

One of the most important general instructions that can be given to a patient suffering from chronic laryngitis, is to preserve as perfect a silence as he possibly can; and even when he requires to speak, to do so in a whisper. He will thus avoid the irritation which the use of the vocal organs always produces in some degree, for in whispering the glottis is very little disturbed, and the vibration of the whole larynx, which occurs in common speaking, is diminished to the minimum. The parts are, therefore, in the most favourable state for being cured, and the progress of the case is generally satisfactory or otherwise, just as the patient submits or does not submit to this injunction.

The insidious nature of the commencement of these chronic affections of the glottis is one of their most remarkable features. When the patient is not much in the habit of using his voice, except in common conversation, they have generally made much progress before they are noticed, and sometimes they show themselves very suddenly and in a most formidable shape. It is very likely that the occurrence of an acute aggravation of the malady is the true explanation of most of these cases.

I have hitherto confined my remarks to cases of uncomplicated chronic laryngitis. It is, however, a well-known fact, that that disease is a frequent attendant on pulmonary affections, especially phthisis. Now, although in such cases the latter disease, and not the former, is that which threatens the life of the patient, and therefore deservedly engrosses chief attention, yet there are certain cases in which, by the alleviation or removal of the laryngeal affection, we are able to greatly mitigate the distress of our patient. I have formerly given a case of asthma, in which a temporary cure was accomplished by this means; and I could add many others belonging to the still graver class of phthisical patients.

Some may, perhaps, think, as I myself first did, that this practice would be dangerous in cases of the last mentioned disease; but I have now employed it in all stages of that malady, with more or less benefit in each case, and with injury to none. It will at once be admitted, after the cases already given, that in the early stage of phthisis, when it commences with a tickling, laryngeal cough, and perhaps occasional vomiting, the topical application of solution of caustic may be likely, as I know it is capable, of greatly diminishing for a time the irritability of the glottis and its neighbouring parts. But it may surprise some when I state the utility of the same means in some cases of acute hæmoptysis.

Case XI.—A young gentleman of stout habit, but of a phthisical diathesis, was suddenly seized with violent hæmoptysis, for which he was bled from the arm, and received other appropriate treatment, medicinal as well as regiminal; nevertheless, a frequent, hacking cough continued, and seemed to cause an almost constant expectoration of small quantities of blood. Thinking that this might be partly occasioned by irritability of the upper portion of the windpipe, I proposed to try the effect of a cautious application of the solution of caustic; and after warning him, if possible, to avoid permitting himself to retch, I did introduce the probang down to the epiglottis. I repeated this day after day, and more freely as I proceeded with impunity. In a short time I had the satisfaction of finding that the cough was removed, and with it the spitting of blood.

Even when there is a profuse purulent expectoration from one or more tuberculous abscesses in the lung, topical applications to the larynx may be used with benefit. There are no cases, it is well known, in which ulcers more frequently occur in the laryngeal mucous membrane than those just adverted to, and hence much of the pain and distress presented by them. To alleviate these symptoms most speedily and most effectually, the caustic solution must be applied to the interior of the larynx; and I am able to say, from considerable experience, that the remedy is as safe as it is sure. The following was the first case of the kind that occurred to me.

Case XII.—The subject of it, a lady about thirty years of age, had laboured under unequivocal symptoms of pulmonary phthisis for some time previously to my seeing her; and when I examined the chest I found evidence of a considerable abscess at the upper part of the left lung. She complained of the frequency of the cough, and of constant pain within the thyroid cartilage; her voice was husky, and she was subject to vomiting. Alternations of temperature had great influence on the cough and voice. The expectoration was profuse and purulent, but never bloody.

I had treated this lady's sister, by the topical method, for a simple laryngeal cough, and had succeeded in curing it. She was therefore very naturally impressed with the idea that benefit might also accrue in her case from a similar treatment, and urgently requested me to try it. I did so with some reluctance, but have had no reason to regret the result. The immediate effects of the application were not severe, and the benefit which followed was soon obvious; for as the irritability of the pharyngo-laryngeal membrane diminished, the cough became less frequent and less easily excited by change of temperature, the voice improved, the pain in the larynx decreased, and the vomiting became much less troublesome.

The mere removal of a group of distressing symptoms was not the full extent of the alleviation obtained in this case; for since that has been accomplished, the pulmonary abscess has not increased, while the general health and vigour have greatly improved; so that, instead of the daily and visible progress of a rapid consumption, this patient enjoys prolongation of days and comparative health.

I am very far from claiming for the topical treatment of *laryngeal* disease the much-to-be-desired power of curing *pulmonary* phthisis, but I believe it capable of effecting much greater relief to most sufferers from that dreadful malady, than all the farrago of artificial atmospheres, inhalations, cough mixtures, &c., or even than the much-used respirator. In the early stage of phthisis the measures just mentioned are often, in my opinion, more hurtful than beneficial, interrupting as they do the general hygienic regimen which ought then to be pursued; and in later periods of the disease, in which some of them might with propriety be employed, topical applications to the larynx will often be found too efficacious to be altogether overlooked or laid aside.—*Dublin Quarterly Journal of Medical Science*, 1850, *p.* 328.

XLVII. On Excision of the Breast.—1. When the disease is intra-glandular and in the first stage, the entire organ had better be removed. It is the more safe proceeding.

2. When in the same situation, and in the second or third stage the removal of the entire gland is indispensable. In both cases, a portion of the skin over the tumour should be excised, leaving sufficient to prevent tension upon the newly cicatrized parts.

3. When extra-glandular, and, in the first stage, the tumour, as well as the lobe of the gland to which it is affixed, should be removed.

4. When in the same situation, but in the second or third stages, the same parts, with plenty of skin, must be taken away. I believe, however, it is more safe to remove the entire gland.

5. When the disease commences in, or immediately beneath, the skin, excision of the new growth must be speedily performed, and a considerable portion of the surrounding cutis be removed with it.

6. If the disease commences in the nipple, and the organ is destroyed, and there are no indications against an operation, I believe the only safe plan is the removal of the whole breast.—*The Diseases of the Breast and their Treatment. By John Birkett, F.R.C.S., &c.—p.* 28.

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CORRIGENDA IN OUR LAST NUMBER.

Page 100, line 28, *for* "infringing," *read* "impinging."

„ 100, „ 29, *for* "would be," *read* "should be."

„ 103, „ 23 from bottom, *for* "J. Burling, Esq.," *read* "John Bowling Esq."

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The Council of the Institute have been long sensible of the evils alluded to; and being confident that they are daily increasing, and that the Profession is now suffering, more than at any former period, from the inconsistent and anomalous state of the laws by which it is governed, have, with the view to remedy the grievances complained of, presented to the House of Commons, through James Wyld, Esq., and Colonel Thompson, a Bill for the Independent Incorporation of the General Practitioners, and to which the attention of the Profession is now specially directed. The Council of the National Institute trust that their professional brethren, in discussing the question of Medical Reform, will not allow petty considerations to interfere with a liberal and comprehensive view of the subject; but that they will be convinced of the necessity of acting upon the principle of reciprocity in any attempt that may be made to effect a satisfactory re-organization of the Profession, the propriety of which is evidenced in the letter of Sir George Grey to the Council of the College of Surgeons, dated June 12th, 1850.

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Watson's Lectures on the Principles and Practice of Physic; Williams' Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

JAMES M'BEAN, A.M., Secretary.

LECTURES.

LECTURES ON THE GERMAN MINERAL WATERS,

DELIVERED AT

THE HUNTERIAN SCHOOL OF MEDICINE.

By SIGISMUND SUTRO, M.D.,

Senior Physician to the German Hospital.

LECTURE I.

Gentlemen,—The subject I have to bring before you claims to be a very important part of Materia Medica. For it not only considerably increases the number of healing agents at our disposal, but I shall be able to prove to you that the employment of these remedies, prepared in the womb of the earth by the power of nature alone, is in many instances indispensable to establish a cure. You will be surprised at this announcement, after having become acquainted with the *numerous* remedies recommended as curative in nearly all the diseases described in the course of pathology and therapeutics. Read any chapter on the variegated ailments and injuries to which our bodies are liable; read the description of any remedy of our pharmacopœia, its effects in various doses, in various preparations, and in various intervals of administration; and you will exclaim, "Why further encumber the limited memory of man, when it can scarcely comprehend the large number of remedies already tested and known! Every shade of deranged function, or altered organisation, can be met and combated by a phalanx of substances, each of which promises to cure or relieve not only this but a great many other ailments. Besides, the branches of the science we have to study are already so extensive, the subjects of examination for our licence so extremely numerous and difficult, and demanding so much study and exertion, that it would be waste of time and of energy to follow a subject we are not called upon to know!"

But, gentlemen, remember, after your examination is passed, you will not be allowed to exercise your calling without hundreds of examinations more searching and more testing than any you can be subjected to by the Examiners of a College. I allude to the inquiries of anxiety, of friendship, of love, and of tenderness, at the patient's bedside. Not only will every phrase, but every glance be weighed and treasured up, that comes from the practitioner in whom the confidence of the family has been placed. In vain will he lament at this critical moment—"Why did I not apply myself more to this branch or to that, so that I could meet the question with a decisive opinion? Alas! if I mistake in this instance, my career will receive a grievous check at the very outset!" You are well aware that no class of human beings have so many claims to satisfy as the members of our profession. The public are not content with our incessant toil, our self-sacrifice, our neglect of both comforts and necessary rest and enjoyments, in their service; no, from our hands they wish to learn, not only the exact state of the present, but the past and future are to be revealed by us. In fact, they hardly forgive a want of information upon any subject that may possibly have an influence, direct or indirect, on health. And, pray, what has not? I have heard many a respected colleague spoken slightingly of, because he failed to know the composition of this or that dish.

But to return to our subject. The mineral springs, though standing on the same ground they occupied years or centuries ago, have come considerably nearer to us through the blessing of the great world-reformers, the railroads. A place, which would formerly have been reached only after a long journey and at a great expense, becomes every year more accessible to sufferers of the middle class; and I do not hesitate to affirm, that if any of you should only acquaint himself with the properties and virtues of one spa, he would have more chance of success in his future life than his competitor who is devoid of this information. For you may believe me, gentlemen, though I am not a native of your country, that I have carefully watched the spirit of the English nation. I have looked around me, and inquired, who are the most zealous, industrious, persevering, enlightened, and unprejudiced labourers in the field of our science? And when I had marked out those who had done most to advance our profession by close observation and research, and by careful instruction, I inquired again, who are the gentlemen enjoying the greatest professional emoluments?—and what did I find? Why, that they were the very same persons. It was not good luck, or birth, or connexions, or wealth, or even manners. No! nothing on earth, not even royal or imperial favour, can induce one tittle of reputation. Information obtained by industry, and applied with care, will ensure that which no chance can bestow. I think the arguments I have to adduce will be sufficient to convince you, that if you acquire a knowledge of these mineral waters, you will have innumerable opportunities to avail yourselves of it; and many a time in your after life will you thank the gentleman at the head of this institution for having afforded you an opportunity, by this principle of gratuitous courses of lectures, to learn that which many of your fellow-students are unable to acquire.

The spas are not quite unknown to the English public, for a great many English are found at every continental watering-place. The only regret to be felt is, that they do not resort to these fountains of Hygæia by the advice of their medical attendants, but mostly on the recommendation of some lay acquaintance, who found relief from his ailment at a certain spa, and by merely judging from appearance, of course thinks every analogous morbid affection must be acted upon by the same means. How often disappointment must follow such empirical advice you may easily imagine, for the spas are at no time indifferent remedies; the patient will either improve or get decidedly worse; nay, his health is sometimes jeopardised if he uses baths or springs on his own account, and without proper discrimination. I only hope that it may be in my power to awaken your interest sufficiently to induce you to follow me with indulgence in my remarks, and then you will not unfrequently be surprised at the interesting facts I shall have to bring to your notice, and perhaps confirm my assertion that you have not bestowed your attention and precious time on a quite useless subject.

In the treatment of disease you will meet with several classes of difficulties. After having carefully investigated both the subjective and objective morbid phenomena, and satisfactorily established the nature and cause of the suffering, you proceed to adopt the most appropriate plan of treatment. But at your next visit you find that the remedies which seemed to be clearly indicated, and which confidently promised relief, have failed to answer your expectations. Suppose a case of severe rheumatism claims your care: you have given the patient colchicum and other approved anti-rheumatics; you have regulated his digestive functions; you have even been induced by the severity of his suffering to employ antiphlogistic remedies; and, according to theory, the patient ought long since to have left his bed and mixed with the healthy. But in sad reality here he lies, still feeling pain in his ankle, still unable to use his limbs, and pursue his avocations, perhaps to the injury of beloved persons depending on his exertions. What is your next step?

You subject all the prominent symptoms to a fresh examination, and you conclude, that, if you could raise the power of the nervous system, by giving quinine for instance, the functions of the muscles and muscular organs would be strengthened and the morbid sensibility diminished. Some relief has been obtained, but only temporarily, and the pain, inconvenience, and disability still exist or return, to the silent reproach of human skill. You attack the enemy from another point. You give iron to improve the strength of the vital fluid, and thus induce a more energetic organic metamorphosis, a heightened tone of the vascular system, and an increased action of the excretory organs. The struggle between diminished irritability and increased nervous sensibility is often allayed by raising the former, and thus restoring the equilibrium necessary to health. You then resort to iodide of potassium, which frequently cures similar states of disease, by increasing the power of the absorbent vessels, and causing effete exudations of serum to become absorbed and excreted. You have employed vapour baths, external derivatives and internal revulsives, and though each remedy (when judiciously selected) helped to allay the symptoms, still days, weeks, nay months have passed, the disease has become chronic under your hands, in spite of the most careful and approved treatment. You must not suppose, gentlemen, that I fill your mind with imaginary evils. Though fortunately rare, such cases will occur and be the more aggravating, inasmuch as you were justified in expecting success from each of the plans adopted; and although it may appear almost incredible to you now, yet unhappily, this disappointment is sometimes allotted to the followers of our arduous profession, notwithstanding our daily progress, and the almost hourly invention or discovery of some new remedy. It is at this stage that people throw themselves into the hands of quackery, relating how many bottles of medicine and boxes of pills they have "swallowed," as they call it, how they have been given up by the profession, &c., &c. The quack, whose only object is to avail himself of the desire for lucre, will of course not contradict the applicant. He always promises a certain and speedy cure, while the conscientious man of science merely pledges himself to do his best. Thus the empiric at once gains a temporary advantage. He then

plays on the credulity, the prejudices and fears of the inexperienced sufferer, as long as his purse or patience will bear it.

But you might ask, gentlemen, are we not perhaps blinded by prejudice against those illegitimate and unqualified practitioners whom we call quacks? Is it not possible that Mr. A. or Mr. B. does cure diseases which have resisted the experience and knowledge of an individual member of our profession? To this I answer, that those uninformed or misguided persons themselves, give the best proofs of the delusions they practise on the confiding applicant. For, if the hundredth part of the cures they advertise were true, no advertisement, no appeal to the public, no unveiling of the so-called failings and fallacies of the profession were necessary. You may be convinced, that if an individual had been cured as described, and constantly placed under the lay reader's eye, this one fact would attract more patients than thousands of public self-laudations.

Those, therefore, who lower their dignity and offend common sense by promising and publishing cures to the public, who are unable to discern the impossibility of the promises and allegations, would not thus put themselves into the pillory, did they not feel the hollowness and unsoundness of the foundation upon which they stand, and that without this degrading step they could not secure a sufficient number of adherents.

I can assure you, gentlemen, that this circumstance is almost more convincing to my mind, than many powerful arguments against the probability or possibility of their assertions.

Your duty towards the public demands as imperatively as your self-interest, that you should leave no means untried to preserve the patient from the fangs of such dangerous and alluring men. On the other hand, what gratitude will you earn, what increase of reputation, if, on the point of giving up treatment, you remember that similar cases have been cured by a certain spa, and you are thus instrumental by its recommendation, in restoring the patient's health while he is far removed from your sight.

Another difficulty I should wish to allude to, is the clear indication of a remedy, which, however, may be contra-indicated by other circumstances. For instance, a patient presents himself with spitting of blood. Acetate of lead and opium would relieve him, but his bowels are in a confined state, and would become more so by the remedy in question. Or, in another instance, it may be necessary to produce alvine evacuations, whilst the irritated or inflamed condition of the bowels forbids the use of an ordinary purgative. In these and many similar cases you will find it extremely useful to employ some of these imported mineral waters which you see on the table, for they will often answer the required purpose, without causing the secondary inconvenience; or injury you would have to fear from the same remedy in its pharmaceutic preparation. A third class of difficulties ought not to be passed over, for they will occur in practical life, though you may have greatly profited by all the lectures you received.

Your advice will occasionally be asked by persons complaining of a certain deviation in the function or sensibility of certain organs, and still, after having accurately examined the phenomena, you may find that actual disease does not exist. There are *states of transition* from the normal performance of the harmonising human faculties to disorder; and why should this not be the case? In nature, no sudden revolution occurs. You do not find summer to-day and winter to-morrow, nor a blooming youth of this moment changed into a decrepit aged being of the next. An applicant for medical relief may complain of languor, depression, debility, emaciation, and still you may arrive at the conviction, that no organic or functional derangement, demanding active medical interference, is before you. What seems functional derangement is perhaps, in this instance, only morbidly increased sensibility, or momentary and passing predominance of one system or organ over another. A desire arises in your mind to recommend steps, which form the intermediate link between dietetic rules and pharmaceutic preparations. This you can satisfy by ordering a mineral water, composed of remedial substances, treated of in the materia medica, it is true, but which constituents, though present in comparatively small proportions, act more energetically than larger doses of the same remedies in the ordinary form, being, at the same time, ever more easily borne and assimilated. The reason probably is, the greater degree of solution and intimate combination which they offer when flowing out of the soil, where they have been kept in this composition for years. They may bear the same relation to the ordinary remedies, which food partially dissolved and liquid bears to the common products of cookery. They certainly enter the digestive organs as more congenial bodies, and their active principles so finely divided are, no doubt, fit to be immediately imbibed into the absorbent vessels, and to enter the circulating fluids without performing (as is the case with many artificially prepared medicines) the tortuous route of digestion before their action is exhibited. In the complaint above-mentioned, you might give the applicant Kreuzbrunnen of Marienbad, in small quantities—say a wine-glassful three times a-day, with some warm water, or in a heated glass; and when at your next visit you might expect little change, you may often experience an agreeable surprise, by the great improvement that has taken place, dispensing with further treatment, and confirming your judgment that it was a mere transition from health to derangement. Thus, a slight help to prevent the formation of disease, should be considered as a more sacred performance and deserving more gratitude, than even the cure of the developed disease itself. And I venture to assert that, very frequently, nature gives us distinct hints of her tendency to a disturbed equilibrium between the concordant living forces. But, unfortunately, they are generally disregarded by patients, and occasionally by the physician also. But do you not agree with me, gentlemen, that it would be a very meritorious principle to search, with the utmost assiduity, into these first deviations of natural functions, and so often prevent the development of actual disease, in its formidable or uncontrollable character? It is certain, from the imperfection of everything human, that you will not always succeed. But I can affirm, from the experience I have had in the occasional administration of mineral waters for the last five or six years, that their effects in this respect are extremely gratifying and satisfactory. Often have I prescribed the one or the other, at first, as an innocent experiment or an expectative remedy, without hoping to find the beneficial results that actually ensued. With proper discrimination, they will often be found extremely valuable arms in beating the fore-post of many an insidious enemy, and causing him to retreat for ever.

Allow me to mention a case in point. A foreign merchant, of short and slender stature, with an extremely active mind, related to me about a fortnight ago, that he was awakened every night by a circumscribed dryness on the tongue. He felt as if a portion of the tongue, about the size of a shilling, became so dry, rough and constricted, that he was obliged to get up and rinse his mouth for a few minutes, when the dryness gradually passed off. I examined his tongue, it was perfectly clean; his appetite, motions, and sleep were all perfectly normal with the above exception; his pulse regular but rather weak, himself in excellent spirits, and merely annoyed by this circumscribed dryness, which he had to expect at night. Now, one moving about the whole day from counting-houses to auctions, and from auctions to counting-houses, the busiest amongst the busy, could scarcely be called ill, yet he did not enjoy health, for the dry spot became larger and larger every evening. It did not appear at a fixed period, or we might have thought it of a disguised intermittent character and found quinine indicated. In vain I searched for a name or a class which I could adapt his complaint to, and I came to the conclusion that it was merely an indication of some incipient stage of, or tendency to disease, which might be checked by supplying the constituent element apparently deficient. I asked myself, suppose his whole tongue were in the same state, what would be his requirement? I answered, There might be an abnormal deficiency in the materials composing the gastric juice, proceeding from a deficient sanguification, and this, consequent upon continuous mental exertion—in fact, a tendency to typhus fever. The weakness of the pulse, and the very great and consuming activity of the mind acting upon a slender frame would make this more probable. He also mentioned that the slightest trifle excited him to uncontrollable anger; whereas under the influence of country air, when he took cognizance of the same things, they scarcely produced perceptible vexation, but became matters of indifference, and he felt every reason to be perfectly satisfied with his domestic and mercantile affairs. "It is better air I want, doctor," was his constant exclamation, "and that you can't give me here in this city." I asked myself why is it that he is perfectly well and cheerful under the influence of sea or country air? Because the stimulus of the pure bracing atmosphere promotes the power of circulation, and consequently improves organic metamorphosis and reproduction, whilst in this confined spot, the exhalations of so many human beings impregnates the air with impurity and warmth, causing it to expand, and thus allowing to each individual inspiration, a smaller quantum of oxygen. It was therefore my task, according to the idea I had formed of his complaint, either to introduce a substitute for the natural stimulus, or to supply that element to his organism, which would have been formed by the stimulating influence of free air. I therefore recommended Rakoczy, one of the springs of Kissingen, containing as chief ingredients, chloride of sodium and iron; but as unfortunately, the store of the city importer was destroyed by the late fire in Mark-lane, I prescribed what, in the words of Dr. Golding Bird, is "no medicine but food," viz., iron combined with chlorine, in the form of Tinct. ferri sesquichlor.

x. dr. three times a day. The result entirely answered my expectation. The complaint gradually abated, and at last entirely disappeared. Although I had no opportunity of testing in this instance the power of mineral waters, still you will allow it to belong to the category of hints of nature, without any marked illness.

Perhaps another case which lately fell under my observation, is not undeserving of notice. A gentleman, about 30 years of age, who began to study medicine, and afterwards turned to mercantile pursuits, and in the year 1846, underwent much anxiety and mental labour. For twelve years past he has felt daily, a few hours after each meal, a burning sensation in the left cardiac region, extending upwards to the shoulder; he is also frequently affected with headache in the occiput, particularly in the evening. He tried many remedies and dietetic changes in vain, and latterly carbonate of potash. He resides in a healthy suburb, daily takes much exercise, and lives with the greatest regularity, as regards meals and rest; even smoking is diminished. Finding the subjective phenomena unconnected with any structural or functional disorder, I considered the free carbonic acid, with carbonate of soda, and the other ingredients contained in Fachingen water, would improve his abdominal circulation and digestive functions. I accordingly recommended this water, and was extremely gratified when, at his next visit, he declared himself entirely free from the inconvenience which had molested him so many years. He complained of a slight return at our following interview, but ascribed it to a fault of diet, and was advised to continue the same water. At his next visit, about a fortnight after the first, his assurance of being perfectly well, obviated any further medical or pharmaceutical interference.

Having heard so much of mineral waters, you will ask, does not the word indicate that certain mineral substances are dissolved in the springs; and if so, why could we not with the knowledge of their composition, combine the same substances in the same proportions, and expect similar results?

I answer, if only soluble remedies were contained in them, you might certainly easily imitate them; but although these waters appear perfectly clear and transparent, every one of them contains substances insoluble in common or distilled water. Take, for instance, Rakoczy: we know by analysis, that it contains 85 grs. of solid ingredients in 16 ounces. Of these, 62 grains are chloride of sodium, 2 sulphuret of soda, nearly a grain of carbonate of soda, soluble; but then we have carbonate of lime, carbonate of magnesia, and carbonate of iron, which are insoluble in ordinary water. But what agency keeps them in solution? It is carbonic acid, which impregnates the water to the amount of 26 cubic inches in the 16 ounces. Were we to employ any fixed acids to dissolve the lime, magnesia, and iron, the chemical composition of other combinations would be changed. But here the excess of carbonic acid keeps these bodies in solution, and they are immediately precipitated, on its escape. It not only dissolves the one substance without disuniting combinations of others, but it enters the system charged with these particles, and offers them to the mouths of the absorbent vessels in this highly diluted condition; whilst, at the same time, it promotes their direct absorption by naturally exerting a stimulating power on the vascular and nervous system. Thus you may understand why 6-10ths of a grain of iron imbibed into the duodenal lacteals, with the abundance of the gaseous acid, may exercise a more tonic exciting influence on the circulating system than three or four times the quantity of pharmaceutic carbonate of iron, which has to be dissolved in the gastric juice previous to absorption. The same holds good of carbonate of lime, of magnesia, of silex, and many other substances which are apt to produce irritation of the digestive organs in the ordinary form of administration. From this consideration, you will clearly perceive that the great modification of the differing reception must not be disregarded, and indeed daily experience amply demonstrates the different effects. Many an individual, for instance, will bear a pharmaceutical form of iron, with whom Homburg would cause too great vascular excitement, and *vice versa*. A great many spas possess similar ingredients, but in different proportions; and their efficacy generally corresponds with the predominant constituents. The other ingredients are undoubtedly admixed to prevent a too powerful action on any organic sphere. Suppose sulphate of soda or magnesia to be the chief ingredient (as in Püllna, Saidschutz, &c.) the alvine secretions and evacuations might be excited in too high a degree, the sanguification might become too much weakened to perform the nutritive and plastic function of the whole body, and therefore we see carbonate of lime and of iron added in small proportions, so as to give a certain check to the solvent and liquifying power, and to increase the tone and resistance of the blood. Where iron is the chief ingredient, a too vigorous action of the vascular system is counteracted by the addition of a proportionally small quantity of lowering sulphates, and of solvent chlorides. But you will argue, as an objection, that we have been taught in modern therapeutics the great advantage of simple treatment, and of not employing too great a complication of remedies. No one, gentlemen, can be a stronger advocate for simplification of our prescriptions than I am myself. Hundreds of times have I deplored the employment of so called adjuvantia and corrigentia, particularly in successful terminations; because the experience of the value of a remedy is often lost through these combinations. When the disease presents itself, you combine those agents which you consider most likely to produce a cure; and the more perfect the success, the more you will have to regret the uncertainty to which of the remedies you have to attribute it, so as to be able to use the same means with greater confidence in similar cases. It is always more desirable to fix the appropriate remedy in the simplest form that will promise easy assimilation, and then both success and non-success will improve your experience and therapeutic knowledge. But how can you reconcile my recommendation of simple remedial treatment with the favour in which I hold the mineral waters professedly embracing manifold combinations of remedies? I answer, though it is necessary to be guided in the choice and dose of the mineral waters by the knowledge of their chemical composition, each of them must be considered as one whole, acting on well-defined abnormal conditions with a more or less certain effect, according to the records of eminent English and foreign writers; and as you will experience in your own practice, if I can succeed in persuading you to give them a trial in the course of your career. Having informed you that a gaseous acid is the chief solvent of the mineral waters, you will at once see the difficulty of artificially imitating them. Nevertheless, the great advantage derived from their use, and the impossibility of obtaining some of the most important ones, induced several attempts to prepare fictitious mineral waters. The most successful was that of Dr. Struve of Dresden, who made careful analyses of the several springs, and then succeeded, after years of unceasing labour, in producing fictitious mineral waters, which resemble the natural in taste, colour, specific gravity, and, above all, in the results of chemical analysis and medical treatment. He endeavoured to follow the process apparently employed by nature, in impregnating the springs with the various constituents; and he argued that the effects must be likewise identical. In several cities of Europe he founded establishments where fictitious mineral waters may be obtained. What is called the "Brighton pump-room" is one of these establishments, and many instances are on record of cures performed by these waters, and of specific effects only belonging to the respective natural waters. Some go even so far as to claim a preference for the artificial waters, from the circumstance of their being more easily obtainable, and of their losing less carbonic acid by distant carriage, &c., &c. But, gentlemen, though our present knowledge of chemistry can discover no perceptible difference, who would assert with complete assurance, that some new test might not in a few years' time discover substances in the springs, which were unknown at the time of their last analysis? Before the discovery of iodine and bromine for instance, the efficacy of Kreuznach or Adelheidsquelle in scrofulous diseases may have been attributed to the presence of chloride of sodium and chloride of calcium, and an exact proportion of these substances in distilled water might have been thought a very correct imitation. That there are active principles yet undiscovered in some mineral springs, we are justified in surmising, if we take cognizance of the astonishing changes produced by certain spas called "chemically indifferent," because their constituents are scarcely distinguished from those of common water. Yet, would you believe it, gentlemen, these very spas are among the most powerful? Take for instance *Wildbad* near Stuttgardt, which is particularly renowned for curing inveterate gout and *arthritic* paralysis, and contractions after wounds. What do you suppose its constituents to be? Why no more than 4½ grains in 16 ounces, and these are about 2 grains of chloride of sodium, ½ a grain of carbonate of soda, some carbonate of magnesia, of lime, manganese and iron, with some silex. Are these few grains able to cause absorption of substances deposited in the joints or restoration of pliancy and power to limbs, which have for years resisted the manifold means that knowledge and experience have devised? Put the same ingredients into ordinary water of corresponding temperature, and see whether you will obtain results at all approaching those frequently experienced at Wildbad? Is it because the warmth of the water is identical with that of blood, and requires neither heating nor cooling? Well, you have only to think of *Gastein*, in South Tyrol, the temperature of which is about 111° F., and which must be cooled for bathing, and still its reputation for the cure of atonic gout, of

paralysis, and of spasms through deficient nervous power, almost surpasses that of Wildbad. What may be its constituents? Still less, only 2½ grains in sixteen ounces—viz., 1½ sulph. of soda, then some sulph. of potash, chlor. of soda, carb. of lime, &c. It is true, an undetermined quantity of animal substance, called *glairine*, has been found in it. But is that to explain the visible transformations happening within a short period before your eyes? The great efficacy of these and other spas has been testified to by English physicians and surgeons of high standing, and by numerous sufferers of this and other countries. The theories which I shall have to lay before you in explanation of their powers may leave the impression on your mind, that it is the task of chemical progress to unravel some mysterious properties as yet concealed from our observation. And, if no attempt at imitating these spas has ever been thought possible, have we not a right to conclude, that in the springs which possess powerful ingredients, other substances co-operating in the effect may be as yet hidden from us? Why can the spring of the "hôpital" in Vichy, be freely employed, whilst that of the "Grande-grille" must be administered with great circumspection, though both possess nearly the same chemical constituents, and belong to the same spa? Because the vegeto-animal substance, incapable of imitation, is more abundant in the former.

Another objection to artificial waters may be found in the circumstance that many a salt obtained by evaporation and concentration of a water, may possibly have been formed through this process, without having previously existed under the same combination in the liquid; in fact, it may rather be a product than an educt of analysis. Nevertheless, they are excellent substitutes for the genuine waters; but when these latter can be obtained, it is my opinion that they ought decidedly to be preferred. On the other hand, great advantages may be derived from certain imitations; thus, at Gros-Caillou, rue de l'Université, Paris, they produce a solution of magnesia in an excess of carbonic acid, which is so saturated that a pint contains half-an-ounce of magnesia; thus four grains can be given to a child in a table-spoonful of this solution, either as an absorbent, as an antacid, or as an aperient, &c.

I ought, perhaps, not to conclude this preliminary lecture without referring for an instant to the manner in which the imitation of the waters might be performed. The first process must consist in setting the carbonic acid free, by treating carbonate of lime with hydro-chloric acid. The latter combines with the lime by its stronger affinity, forming hydro-chlorate of lime, while the carbonic acid is set free. The carbonic acid gas is then passed through a solution of potash and water, in order to free it from any accidental admixture of hydro-chloric acid, and is subsequently conducted into the water by an hydraulic press, which is so constructed that both the water and the gas arrive at the same time in the condensing vessel, after having been brought into forced molecular contact by a very considerable pressure. The water being sufficiently impregnated with carbonic acid, you dissolve in it the necessary proportion of the salts of soda and a portion of gelatine (as a substitute for the natural vegeto-animal substance). Suppose, then, you require carbonate of lime, carbonate of magnesia, and carbonate of iron, you precipitate these substances out of muriate of lime, sulphate of magnesia, and sulphate of iron, by means of bicarbonate of potash. These will readily dissolve in the aerated water, though insoluble in common water. Some more carbonic acid is introduced by the hydraulic press to complete the solution, if necessary, and the water is then well corked, and fit for use.

The spas themselves are generally resorted to between the months of May and October (inclusive). The course lasts from three to six weeks. Their effects invariably continue for a long period, and the most successful cures frequently take place months after the patients have rejoined their family circles. When immediate improvement takes place, it is often of a less durable character. This lasting efficacy particularly adapts them for the treatment of chronic disease. In most spas bathing and drinking of the respective springs takes place. Some, however, are merely employed internally, others only externally.

The mineralized mud of some is used separately as a highly curative external remedy; in others, the abundant evolution of carbonic acid is used for general and local gas baths. Where the temperature is too high to allow of immediate employment, ingenuity is taxed for the most admirable and various contrivances to lower the heat, without influencing or altering the composition of the ingredients partially held in solution by the high temperature. If the temperature is too low for bathing, the *bade-meister* (bath-master) will show you in one place, how the *baignoires* are warmed by subterranean steam, so that the spring may not lose its carbonic acid and have important substances precipitated by being heated. Another will explain that warm water is mixed in his baths in such a proportion with the spa water as not to impair its properties, &c. At others you have douches of various height and power. In some you will see ascending douches, to which many cures are attributed, particularly in several diseases of women. In others again friction is employed with the douche as a great support of the medical treatment. (This is particularly well understood and managed at Aix-la-Chapelle). In fact, when you visit any spa, you will be astonished at the profitable use to which every particle of the natural gift is applied against diseases. Let the source be on a higher situation than the baths, and you will see this immediately made use of to fill the baths by pressure from below, so that the water flows upwards in a wave-like manner. You see a shaft constructed in which the water rises and is made to splash over and to fill the circumvenient air with its vapour and exhalations for medical purposes. The quantity of the water taken internally is very different, and as a rule gradually to be increased.

Generally a musical band begins to play about six in the morning, waking the visitors from their slumbers, and shortly afterwards they are seen emerging from their habitations one by one to drink at the appointed source their prescribed quantum of the healing draught. In the intervals of drinking, they take walking exercise for about a quarter of an hour. About an hour after a light breakfast, the baths are taken. The diet is regulated accordingly. The curative power seems to be evolved by a slow reaction, which the *ensemble* of the healing influences produces in the human system. If this reaction is speedily exhibited by signs of a violent revolution, as head-ache, giddiness, depression, lassitude, restlessness, want of appetite, obstruction or diarrhœa, distension of the abdomen, feverishness, &c., immediate discontinuance is necessary.

The course might be resumed as soon as a more favourable impression can be reckoned on. "Bath eruption" occasionally appearing after a few weeks, and then disappearing without medicinal aid, is considered a favourable sign.

Both the spas and mineral waters, however useful in chronic, must be entirely avoided in acute diseases, in inflammation of vital organs, inflammatory fevers, &c. They are also contra-indicated in hectic fever, in formed tuberculosis, in carcinomatous degenerations, in aneurisms, in congestion of the lungs or brain, &c. In fact, before recommending a spa, the subsequent reaction and unfailing excitement must be taken into almost more serious account than the direct influence itself. However, if contra-indicating circumstances are absent, and you have to select a bath for the victim of long-continued suffering, you will weigh the strength of his constitution, you will acquaint yourselves with the morbid influences that have acted on him since his youth, deteriorating the functions, changing the structure, or vitiating the fluids of vital organs; and when the proximate cause of his present ailment has thus become clear to your mind, you will fix on a spa by which it can most appropriately be counteracted, taking into consideration its prevalent constituents, its climate, and its height above the level of the sea, &c. &c. The great number of powerful springs in so many modifications, certainly increases the trouble of fully acquiring a knowledge of them; but the thankfulness which arises from the enjoyment of restored health, and the merit of having carefully selected for your patient the appropriate spa, will amply repay the labour and attention which you may have indulgently bestowed on my observations.

(*To be continued.*)

ORIGINAL COMMUNICATIONS.

MEDICAL ARCHÆOLOGY.

By GEORGE JAMES SQUIBB, Esq.

NO. II.

Quidquid agunt *Medici*,
Nostri est farrago libelli.
Wadd's Mems., &c.

A.D. 1200, to A.D. 1300. In the hasty sketch that I have given in my last paper, of the medical writers and physicians of the earlier period of medicine in this country, I had brought my notice down to nearly the thirteenth century; there remains but to mention a few of the physicians of that period, whose names appear on the different records, and more especially the 'Wardrobe Accounts.'

A.D. 1300, to A.D. 1400. Master John Pallydyn was Physician to Edward III. The King granted him £20 on the 1st of June, 1363, on account of his good service.

Peter de Florence was Physician to Queen Philippa; he was much esteemed by her, and had an annuity of 40 marks granted to him. He was held in high estimation also by the King, "for

services rendered, as well to himself as to his Royal Consort, Queen Philippa."

There are many interesting notices as regards the payment to physicians at this time; but I fear they would become tedious were I to give them more in detail: suffice it to say, that the first and largest fee that I can find to be given, was £100 to John Faceby, in 1444, and subsequently to Francis Pauzonius, of Alexandria, Master in Physic, who came to attend Henry VI. and his Queen.*

Of the state of medical science and surgical practice at this period, some idea may be formed from an account of the disputes that prevailed in France between the professors of the two branches of the healing art. The surgeons of Paris had long been a distinct body, called the College of St. Come; and so early as the year 1311, they obtained from Philip the Fair, privileges which gave them equal rank with the physicians. Hence they could not endure that barbers should usurp the right of bleeding, applying plasters, and treating external injuries and ulcers. In consequence of this encroachment, the surgeons, in 1425, obtained an *arrêt* from the Parliament of Paris, by which the performance of chirurgical operations was prohibited to the barbers, who were, however, permitted to dress wounds and cut corns. The physicians were displeased with this alteration, and took the part of the barbers, by giving them instruction in surgery. This was done out of revenge against the surgeons, who, it was said, had encroached upon the privileges and practice of the superior faculty. The surgeons complained heavily of this oppression, but could obtain no other redress than that of being licensed to rank above the barbers, and to undertake public dissections, for which, however, they were to pay a yearly sum. In 1505, the physicians entered into a formal contract with the barbers, who, on account of their servile obedience to the learned doctors, were patronised in preference to the surgeons. The consequence of this was, that the barbers were declared to be the true scholars of the faculty, and were actually matriculated by that name, but under a condition that they should not administer medicines, and were to pass an examination. From this time they dropped the old appellation of *Barbitonsores*, and were dignified with the title of *Tonsores Chirurgici*, or Barber-Surgeons.

The Faculty of Physic followed up this attack upon the members of St. Come, by prosecuting several of them in the courts of law, on account of their prescribing internal remedies without consulting a physician. It is remarkable enough, that in the same year when the barbers were raised to an equality with the surgeons of Paris by the decision of the medical faculty, a similar incorporation took place in Scotland; by an Act passed in Edinburgh in 1505, the two professions were united under the denomination of surgeons and barbers: it was required of every person admitted to practise that he should be able to read and write, "to knaw anatomie, nature and complexion of everie member of humanis bodies, and lykwayes to knaw all vaynes of the samyn, that he may make flewbothomea in dew time, togedyr with a knawledge of shavving beardes." At length matters were compromised in 1515, and the University of Paris issued a decree, by which the surgeons were nominated perpetual scholars of the faculty. Thirty years afterwards the barbers and surgeons were separated, and the College of the latter body was raised to the rank of a learned school; all who were admitted were obliged to understand Latin, and to study the liberal sciences. The physicians, however, within a few years grew jealous of these distinctions, and commenced hostilities against the surgeons; but the latter prevailed, and carried their triumph so far as to obtain, not only a confirmation of their privileges, but an extension of them in the power of conferring academical degrees. In 1596 they were authorized to exercise dominion over the barbers, who were always to consult a sworn surgeon in difficult cases, and on no account to undertake the treatment of any but slight injuries.

What the state of physic was in England at that period we learn from the preamble to the statute of the 10th of Henry VIII. for incorporating the physicians of London into a College. It runs thus:—"Forasmuch as the science and cunning of physic and surgery is dayly within this realme, exercised by a great multitude of ignorant persons, of whom the greater part have no insight in the same, nor in any other kind of learnyng; some also ken no letters on the booke; so far forth, that common artificers, as smiths, weavers, and women boldly and accustomally take upon them great cures, in which they partly use sorcery and witchcraft, partly apply such medicines to the disease as be only noxious and nothing meet, to the high displeasure of God, great infamy of the faculty, and the grievous damage and destruction of dyvers of the kynge's people," &c.

The establishment of the College under the powers of this Act, was a measure of great utility; but as its authority was limited within the bills of mortality, it could not correct the evil of quackery in other parts of the kingdom. After the suppression of the monasteries that abuse increased to an enormous extent; for whatever corruptions might, and no doubt did prevail in those institutions, it is certain that the benefits to the people more than outweighed the defects.

I now again resume my account of the principal medical authors of this period, showing the state of medical art (I cannot call it science), and will recommence with

Andrew Borde.—One of the most remarkable empirics of that age, was Andrew Borde, or Boorde, who styled himself in some of his productions, *Andreas Perforatus;* he was a native of Pevensey, in Sussex, and received his education at Oxford; after which he became a Carthusian in London, until the order was dissolved. He then practised physic, and led a wandering life over Europe and part of the East; on his return he settled at Winchester, but in 1542 he was at Montpelier, where he is supposed to have taken his Doctor's degree, in which, after his return, he was incorporated at Oxford. He now went again to reside at Winchester, but did not confine his practice to that place; he frequented fairs and markets, where he harangued the populace from his stage, entertaining them with humorous speeches, which had the effect of spreading his fame and attracting crowds of auditors. This custom of his produced a succession of imitators; but as these doctors for the most part fell short of their precursor in wit, they made up for the lack of that attraction in themselves, by employing jesters and posture-masters, who obtained the name of Merry Andrews. Boorde was not without talent, but neither his wit nor his learning could keep him from the Fleet Prison, where he died in 1549. Bale the historian, and his contemporary, says that he hastened his end by poison, on being detected in keeping a brothel, but this is probably one of that writer's falsities. He was rather a voluminous author for his time, and the subjects of his works are various; one is entitled 'A Booke of the Introduction of Knowledge,' black letter, imprinted by William Copland, but without date; he therein professes to teach all languages, the customs and fashions of all countries, and the value of every species of coin. It is a motley piece, partly in verse, and partly in prose, and is divided into chapters, before each of which is a cut, representing a man in the habit of one of the nations described. His satire on the English character is that of a naked figure, holding a cloth and a pair of shears, undecided what pattern to choose. Prefixed to another chapter is the author's own portrait, under a canopy, with a gown, a laurel on his head, and a book before him. In 1557, Borde published his 'Breviary of Health,' which, according to Dr. Fuller, was the first medical performance ever printed in English. The prologue opens thus—"Egregious doctors and maisters of the eximious and arcane science of physicke, if your urbanity exasperate not yourselves against me for making this little volume."* This work, with enlargements, was reprinted in 1575, and had the title, "The Breviare of Health, wherein does follow remedies for all manner of sicknesses and diseases, the which may be in man or woman. Expressing the obscure terms of Greke, Araby, Latin, Barbary and English, concerning Physicke, and Chirurgeri, compiled by Andrew Borde, Doctor of Physicke, an Englishman."

As a specimen of this rare book may amuse the reader, we shall extract Borde's account of the tooth-ache, its causes, and remedy, "This peyne," says Merry Andrew, "doth come eyther by an humour descending out of the head to the teeth or gummes, or it may come by corroding or eating of wormes, or it may come by drinking of hote wynes, or eating of hote spyces, or eating of hote apples, peares, and such lyke, or it may come of a hote liver or stomacke. A Remedy:—First, purge the head with pilles of cochæ, and use gargaries; and if do come of any cold cause, chew in the mouth divers times, the roots of horehound; and if it come

* Dr. Hallysworth, also, who was the confidential physician to Henry VIII., was paid a large fee under the following circumstances:—Elizabeth of York, who was the beloved wife of Henry VII., was confined, February 2, 1503; a week afterwards, serious and alarming symptoms came on, and Dr. Hallysworth was sent for from his house near Gravesend, in Kent. He travelled all night, with guides carrying torches, and an escort, to the Tower, but too late to save his royal patient, who expired on the 11th of February. The names of the physicians who had been previously in attendance were, Master Lewes, the Queen's Physician, Master Domymis, and Vincent Wolf. Dr. Hallysworth was paid £100 in gold. Henry VII. was much attached to this physician.

* The best edition of Borde's work, I think, is that of 1557:—

"The Breviary of Helthe, for all Manner of Sycknesses, the whiche may be in man or woman doth folowe; expressyng the obscure termes of Greeke, Araby, Latyn, and Barbary, in Englyshe, &c. 4to. London, by Wyllyam Powell, 1557."

This edition will be found in the Bodleian Library at Oxford.

by wormes, make a candle of waxe with henbane seeds, and light it, and let the perfume of the candle enter into the tooth, and gape over a dish of cold water, and then you may take the wormes out of the water, and kill them in your naile ; the worme is little greater than the worme in a man's hand. And beware of pulling out any tooth ; for pul out one and pul out more. To keep the teeth, wash them every morning with cold water and a little rocke alome."

Borde was also the author of some other medical treatises, among which was one on Urines. Though he published popular works on medicine, he seems to have apprehended that such books were likely to do mischief, for in his 'Breviary,' he says, "and where that I am very briefe in having brief medicines for one sickness, I do it for two causes. The fyrst cause is, that the arcane science of physicke should not be too manifest and open, for then the eximious science should fall into great detriment, and doctours, the which hath studyed the facultie, should not be regarded so evil as they are. Secondarily,—If I should write al my mynd, every bungler wold practice physicke upon one booke, wherefore I do omit and leve out many things, relynquishing that I have omitted to doctours of high judgment, of whom I shall be beholden for part of these thinges that I have written in this booke."

(*To be continued.*)

ON PLACENTA PRÆVIA.

By ROBERT DUNN, Esq.

To the Editor of 'The Institute.'

My Dear Sir,—I need not tell you, that in the exercise of our profession, as General Practitioners in Medicine, no cases are more fearfully alarming, and none require, at our hands, greater promptitude and decision of action, than cases of uterine hæmorrhage. In the retrospect of more than quarter of a century's experience, none are so vividly recalled to my own mind; and I believe I may confidently appeal to the experience of every practitioner in midwifery for an accordant testimony. But we live and learn, and the meed of our best thanks is due to Professor Simpson, for the method of procedure which he has introduced in cases of placenta prævia.

Time was, when such was the conviction of my own mind, but founded purely on theoretical views, and on what I had been taught in the lecture-room—that the abstraction of the placenta previous to the birth of the child, would be tantamount to sealing the doom both of the mother and child. But Professor Simpson, and personal experience, have taught me a different lesson, and one of great value from its practical importance.

Many years ago, I was hastily called to a poor woman in my immediate neighbourhood, who had been suddenly taken in labour with *flooding*, between the seventh and eighth months of pregnancy. In my absence, my assistant immediately obeyed the summons, and I arrived about two hours afterwards. The attack had been sudden, and the loss of blood was great. Her face was pale and blanched, the extremities were getting cold, and the pulse was extremely feeble. There were slight expulsory pains, and occasional hæmorrhagic gushes. On examination, I found the os uteri well dilated ; I ruptured the membranes, the head descended, and the hæmorrhage ceased. The prostration now became truly alarming. Egg and brandy, ammonia, and other stimulants were freely given. The pulse at the wrist was scarcely to be felt. I sent off a note to a medical friend, who had successfully performed Transfusion, requesting him to come to me, and to bring his transfusion apparatus with him. He promptly attended, but before his arrival she had rallied a little, and as the improvement appeared to be progressive, we sat by her bed-side for more than two hours, and eventually, in consequence of this progressive improvement, abandoned the idea of Transfusion for the time. An opiate was given and we left, leaving my assistant to watch her, and to recall us if required before the morning. About four hours afterwards I was very hastily summoned, and arrived just in time to witness her final vital efforts, for under the last expulsory pain, which forced the child's head into the world, she herself expired. The recollection of that hour is fresh on my remembrance, as well as the regret of my friend and myself that we had not effected Transfusion. I have no note of the state in which we found the placenta.

But two years ago I had an opportunity of exhibiting to the Westminster Medical Society a placenta which conveyed an instructive lesson. In this case, the lady had been subject to frequent hæmorrhagic attacks, from the second or third month of utero-gestation up to the time of her delivery, which took place about the seventh month. I had advised rest, the horizontal position, and the usual remedial measures. But the slightest exertion brought on the hæmorrhage, and, from such repeated losses, her general health was much impaired.

About the seventh month she had an attack of such violence, that I thought it best to endeavour to induce premature labour, and with this intent I plugged the vagina with sponge dipped in vinegar. The hæmorrhage was arrested and labour followed. As the os uteri dilated I found the placenta and funis presenting, and I delivered by turning. The point to which I was anxious to direct the attention of the Society was the condition of the placenta. The contrast between the *detached and the undetached portions* was most striking,—while the latter was blanched and more pale than natural, *the former was seen to be gorged with blood.* The source of the hæmorrhage in such cases, is of course the great point of practical importance, and the condition of the placenta in this instance presented conclusive evidence to my mind of the truth of Dr. Simpson's opinion—that the detached portion of the placenta had afforded the channels through which the blood had *gushed.*

Twelve months afterwards I had the satisfaction of witnessing Dr. Simpson's method brought to the test of experience, and the result was most gratifying.

On Saturday night, September 29th, 1849, after retiring to bed, and without any assignable cause, Mrs. L., aged 37 years, and in the last month of utero-gestation, was suddenly seized with flooding. It was her sixth pregnancy. I had attended her on all former occasions; her labours had been unattended with difficulty or danger, and her children had all been born alive. On the arrival of my assistant in my absence, the flooding had considerably abated, but he found her complaining of faintness, and sitting up in a chair. She was immediately placed in the recumbent position, and the discharge gradually subsided. He remained with her two hours. On my visit next day, I found there had been no return of the hæmorrhage. Her only complaint was a feeling of weakness from loss of blood. She went on well until the following Wednesday, (October 3) ; on that day I found her out of bed, on the sofa, and free from discharge ; the same night, however, after she had been in bed and asleep, the flooding suddenly returned, and I was hastily summoned. When I arrived it had greatly abated. I made, notwithstanding, an examination ; but, owing to the nearly closed condition of the os uteri, no satisfactory information was elicited. I remained some hours, but there was no return of the hæmorrhage until the Saturday following (October 6th), when it re-appeared suddenly between eight and nine o'clock in the evening. I then satisfied myself fully as to the nature of the case,—*the placenta was lying over the mouth of the womb.* The os uteri was beginning to dilate, but there were no regular parturient efforts. About three o'clock in the morning, there was a sudden gush of discharge, which greatly alarmed her, but which I found to be the *liquor amnii.* I could then, by passing up the finger anteriorly, through a small opening where the edge of the placenta was not attached, detect the head presenting. As the os uteri was now more fully dilated, and the uterine efforts very irregular, I gave a dose of the Secale cornutum, in the hope of exciting more energy of action, but without effect.

I explained to Mr. L., who is a sensible and intelligent man, the real condition of his wife, that he might hold himself in readiness to bring any medical friend I might wish to my assistance. At seven o'clock I thought the time to interfere had arrived, and being in the neighbourhood of Finsbury-square, I sent for my friend Dr. Waller. He promptly attended. At this time there was a mere drain from the uterus; but the loss of blood had been very considerable. The face was blanched, and the pulse weak, though not inordinately quick. The stomach retained nourishment, and there was no restless agitation. On examination, he found precisely the condition which I had described to him. We consulted together, and agreed that the time for interference had arrived, and that we would adopt the method recommended by Dr. Simpson, and complete the detachment of the placenta from the uterus. By the dilation of the os uteri, the greater part of the central mass of the placenta was separated, and Dr. Waller detached the adherent portion from its uterine connexion, but it was not removed from the uterus. The clots were removed from the vagina, and the external parts were carefully wiped with a napkin; for a few seconds we waited to see whether the separation had given rise to a renewal of the hæmorrhage, *but not the slightest drain occurred.* As speedy delivery was the only chance for a living child, Dr. Waller reintroduced his hand, and delivered with facility by turning. Although at birth the infant showed but feeble symptoms of vitality, the respiration at first being weak and difficult, by the employment of the usual means for the recovery of asphyxiated children, complete resuscitation took place, and he is now a fine healthy boy.

The mother had not an untoward symptom afterwards, and is again on the eve of another accouchement. Nothing could be more gratifying than this happy result. Dr. Waller remarks on the case, "I cannot but consider that the entire separation of the placenta, prior to turning, tended greatly to produce this desirable result; as by it, those frightful gushes which frequently take place during the operation of turning, were altogether prevented. In order to avoid the danger as much as possible, it was my plan, formerly, to pass my hand through the placental substance, but I am convinced that its entire detachment is more certain, more safe, and more easily accomplished, whilst the danger to the infant is by no means increased."

Dr. Waller has published a number of valuable cases of placenta prævia, all tending to establish the important practical point, that the hæmorrhage in detached placental cases is effectually arrested by the entire destruction of the connexion between the placenta and uterus.

As a general rule, it may be advisable not to remove the placenta immediately from the womb, after the detachment, for an obvious reason; but I need not tell you, Sir, that the management of all such cases requires special consideration, and while the great practical and all-important point—the arrest of the flooding—is of vital moment, the varying peculiarities of each individual case must regulate the practitioner's conduct in other respects.

I am, my dear Sir, yours truly,
ROBERT DUNN.

15, Norfolk Street, November, 1850.

LEAVES FROM THE DIARY OF A PARISH DOCTOR.

BY THEOPHILUS PROBE, ESQ.

(*The New Regime.*)

No. V.

We have stated that the change from the Old to the New Poor Law created in the minds of many, strong feelings of dissatisfaction. As far as the pauper population was concerned, if its rigid enactments had had reference only to the idle and dissolute, fulfilling the scripture injunction that those only should eat who laboured; if, in other cases, regard had been paid to nature, to habit, to peculiarities of circumstance, and something like feeling evidenced in such cases, there would not have been so loud an outcry against it. The enormous houses which, here and there, rest on the fair bosom of the land, and look like huge prison depôts, or rather, in their unseemly ugliness, remind us of the personification of fearful "incubuses," were not erected without a terrific outlay; but even that might be pardoned had the original notion been carried out, that they were merely tests whereby to discover true from false metal—the idle from the industrious. It might be pardoned, if they were simply rests and refuges for the poor and destitute—homes to such who have not "where to rest their heads;" but it surely could not be contemplated that a British peasant should abandon his own cottage to sojourn there, because at certain periods, and under peculiar circumstances, dire necessity urged him to seek relief—help in time of need. It has been, however, and still is, the home of honest and industrious men, who, with their wives and children, are ordered into the house, and remain there for months, because, forsooth, the demand for labour is dull. Here have we seen men—glorious examples of sturdy British labourers—incarcerated (so to speak) within the walls during a whole winter season, employed in picking oakum, or grinding flour at a mill, until they have become enervated in mind and body, by the kind of prison discipline to which they have been subjected.

Have they passed out of this ordeal, inflicted upon them because they were poor, unscathed? Alas, no! The spirit has been broken within them; the British lion has become cowed in their bosoms; they have felt injured and degraded: and what is so likely to engender evil, and sink men into vice, as to lower them in their own esteem? Once make a man degraded in his own eyes, and you break the major barrier which honest integrity erects against the encroachments of sin.

Pride has been considered the type of evil, and so it is under many of its phases; but that pride which is the result of noble and independent sentiments, should be fostered and nourished, and regarded as a gem which no one should tarnish. It is a nation's interest, so should it be a nation's glory, to cherish it.

We remember the time when a British peasant would scorn to ask relief of a parish; and we have seen the time when the same class have clamoured for it as a right.

Oh! fearful change, when the sinews of the country grow thus feeble and imbecile! When, to pamper the luxury of the few, the strength of the many succumb—when, to advance particular interests, there should be particular sacrifices. The chain which binds the community together is composed of links which cannot exist apart. From the highest to the lowest there is a reciprocity and a necessary union. Sever them, and the disruption is fearful, as well as dangerous.

When our Union-house was near its completion, we were passing it on horseback. We observed, leaning against a tree, an aged man, who was somewhat of a character in our locality. He was above the ordinary, both in thought and feeling. His youth had been spent in the "tented field." He had returned to his native place mutilated in limb, and with some honourable scars. We approached the old veteran, and asked him why he looked so serious and solemn at the workmen.

"I was just thinking, Sir," said he, "that we may write 'Ichabod' over this fair land of ours."

"Ichabod!—why so?"

"Because its glory is departed. I have lived too long, Sir—much too long; would I had not lived to see this day! I have known that piece of land from childhood, and seen it grow famous corn, and have helped to reap it, too. It will grow nothing now but sighs, and groans, and curses. *God grant I may never reap them!*"

"Why, John," we replied, "you are gloomy this morning. We are told not to anticipate evil—'sufficient for the day is the evil thereof.'"

"True, Sir, and the good, too—thank Heaven for that! Look at this old stump, Sir—I lost my arm at the battle of Corunna. Sir John Moore—the brave, the noble Sir John rots not far from it. Sir, I would a thousand times rather my whole carcass was rotting there likewise, than return home to see my native fields pressed by such a Bastile as that."

"Nonsense, John, call it not a Bastile; it may be a rest, a refuge, a home for the poor and destitute, where they will have food, and raiment, and shelter, which they have not now."

"A home!—a home!—call that a home! What! to be shut within those walls, where God's light can only shine on small and insignificant patches. Call that a home where the freedom to move is withheld! Where labour is exacted under the eye of a taskmaster, and food weighed out in ounces! Call that a home, where poverty instead of misfortune is made a crime, and the felon's measure is meted out only in proportions less than his—yes, less for a poor man than a rogue! Call it a home? No, no; it is no home, and craven is that spirit who can ever think it so."

Thus saying, he walked off in high dudgeon, frowning, and muttering, and shaking his mutilated arm in real anger, that we should have ventured an apology for the Bastile, as he called it.

These remarks of the old soldier were not without their influence upon our own minds; we saw at once that the "new regime" was vastly unpopular amongst the lower classes, and the kind of discipline about to be adopted within the walls of the workhouse was singularly at variance with that freedom of thought and action which is called the birthright of Englishmen. It is very difficult to convince men that they have no right to be fed by others if their own resources fail them, and that popular notion is too deeply rooted in the breasts of British labourers, to be extinguished either by reasoning or by legislative enactments, viz.: "That the soil on which they are born, is the soil whereon they ought to be fed, and from the produce of that soil, too." It would be a difficult task, indeed, to convince a pauper, that what was administered to him, out of the poor-rates, during either sickness or paucity of employment, was really a gift of charity. "No such thing," he would say; "England has always forbidden that the poor should lack food, and the rates upon the land, &c., are the right of the poor, the law itself has given it to them."

When, by virtue of our office of parish doctor, we were called upon to superintend the removal of paupers from their old haunts, and likewise from the local workhouses, to the great Union-house, it was then we understood the nature of that spirit which moved the old veteran, and saw far deeper into the springs of human feeling than we had conceived, or thought of. If our days were lengthened beyond the limits of human calculation, and we were permitted during those countless ages to preserve our "memory green," we could never possibly lose the anguish of heart which this painful office inflicted upon us.

Old men and women, who for years had lived in what we thought squalid wretchedness, in houses scarcely fit for the habitations of beasts, where rotten stairs crumbled beneath the tread, floors upon which it was dangerous to plant a foot; where windows were patched with paper, so that neither wind, nor cold, nor rain, had any impediment to free ingress; where rats made holiday undisturbed, racing over the straw pallets at night like wild horses, and the walls were blackened with smoke and foul exhalations; the inhabitants themselves clothed in rags, and living on food

disgusting and nauseating; but strange to say, adequate it would seem, to their wants:—when these people were told they were to leave the dens they had inhabited so long, and were to be removed to a more commodious and cleanly habitation, where they would have wholesome food and proper clothing, with no other suffering but *separation* and *confinement* within the walls, no tongue can express the horror and dismay with which the intelligence was received.

"Separation! confinement!" they cried. "What crime have we done that we are to be sent to prison? Why are we, old and poor as we are, to be treated as felons?"

"Pooh! pooh!" we replied; "you will not be treated as felons; you will have food sufficient, good clothing, and comfortable beds, with warm coverings."

"Ah! doctor, doctor!" exclaimed one poor but estimable old woman, who, with her crippled husband, had been suffered for years to occupy a small room in the workhouse—perhaps from a kindly feeling towards them, because they had seen better days, and were better informed than most of the inmates;—"Ah! doctor! do you think that eating, and drinking, and clothing, will satisfy me when I am away from my poor old man? We have lived together nearly fifty years, and I have, as I promised to do, before God, tended him in sickness and in health, and that ungrudgingly. Now you would call upon you God's curse; for 'whom He joins, no man shall put asunder.' Oh! no, no, no!—let us be naked and hungry, but do not part us; you will kill us if you do. We are poor—God knows how poor; but we are happy, are we not, Joseph?" The big tears trickled down the cheeks of each of them, and for a moment we turned aside, loathing, deeply loathing our ungracious errand.

"Why, doctor," she continued, "I know every mark on these dark and dingy walls, and can trace figures on them; men's faces and lions', goblins and hideous spirits, which seem to me as if they were running after the wicked. The damp has made them, but they are my pictures, and you can't think how plain they are when the fire burns in the evening. Then I talk to my poor old man of better days which we have seen, and I comfort him by telling him we shall see them again; but not here—no, not here—in heaven, in heaven you know, doctor! Would you separate?—would you part us?—would you take this from us? Oh! cruel, cruel man!"

"Nay, Molly, don't lay the blame on us; it is our duty, and we must do it."

"Duty!—duty!—the great ones have made a law to oppress the poor, and you lend yourself to carry it out. I once thought you good and kind; good and kind no longer."

Our hearts bled at this piteous and affecting scene. "Molly!" we replied, "you mistake, indeed you mistake; the great ones, as you call them, know your wretchedness, and wish to make you comfortable."

"Wretchedness!—who said we were wretched? Give us a crust, a mere crust, but leave us in our own old home; leave us with the liberty to see the sun shine; to hear the birds sing; to walk, when we can, over the green fields; to praise the Lord in our own way, and to read God's book to one another. Oh! let us die where we have lived, and we are content. Tell them so; tell them so, good doctor, and you will make me a happy woman."

This is a true representation of the development of that peculiar character of the human mind which has been called "adhesiveness," and which in its disordered manifestation gives rise to that distressing mental malady called nostalgia. One of our modern popular writers, however, solves the enigma in another way; he says, "Happiness springs from within, and not without. It is the water that gushes from our own hearts, and not the rain that dimples the stream, adding but a few drops to the current." Thus were food, and lodging, and raiment but as the drops to the fountain which sprung up in this poor woman's heart; her true happiness was that inward measure of content (under what many would think severe privations), welling up like a pure stream in her bosom, and which, doubtless, was the gift of God, as the act of his compensating providence.

This same attachment for scenes to which habit has endeared us, is beautifully told in the Chinese story of Goldsmith, where a prisoner is immured within a dungeon from youth to age, and is suddenly liberated. He seeks the king, and thus expresses himself:—"Permit me, O Chin-sang! to wear out the wretched remains of life in my former prison. The walls of my dungeon are to me more pleasing than the most splendid palace; I have not long to live, and shall be unhappy, except I spend the rest of my days where my youth was passed—in that prison from whence you were pleased to release me."

Poor Molly was removed to the Union-house; and although, as the medical attendant, we tried all we could, both by our personal endeavours and by our influence, to make her abode comfortable, the shock was too great; she sunk under it, and in a few months died. The old man lingered some years; but the compensating mercy of God was still manifest, for those years were a blank. His intellect succumbed, and he died wholly unconscious of any change, or any bereavement.

In this age of economy (?) and utilitarian legislation, were we to address a supporter of the New Poor Law with the sentiments and feelings pourtrayed in the above extract from our diary, and urge upon him some regard to the peculiar condition of mind evidenced in the agonies of poor Molly, we should be met by some such remark as this:—"What have we, Sir, to do with the feelings of the poor? Nothing, Sir, nothing, I assure you. We are called upon to see that they are fed and clothed according to law. We have provided a house for them, and if they won't come in, why let them stay out—and starve!" Let us reverse the picture, and suppose some tyrant should command this very individual to be subjected to the pauper's lot, with what bitterness of heart would he see the whole charm of his life dissolved, in the destruction of his domestic socialities. To do to others what we would others should do to us, is not only a divine precept, but it is the foundation of all ethics; and laws which are not based upon it, are faulty in their radical principles. But we should reply thus:—"The spirit of man is not of man, but of God. This spirit has holy, has heavenly attributes; you know it, because there are moments when you feel them. Is that pauper organized, framed, and fashioned differently from you? Does her non-possession of Californian dust draw the line of demarcation between her and you? Your common Father will make no such distinction. She will rot in her humble grave as freely as you in your sepulchre, and the wind will whistle its dirge-song over one as well as the other. The well-spring of her feelings—her best, her vital feelings—gushes from God's own fountain. Is there no sacrilege, think you, in closing it up?" He might reply—"We have nothing to do with it; the law is the law, and it is our office to carry it out."

Truly: and while the law exists, there will be functionaries to do its bidding, even though it stifles every flight of humanity, and paralyzes the purest principles of our nature. The good, the wise, the judicious, have seen the evil, and have levelled their anathemas against it, while the great bulk of the poor themselves prefer absolute starvation, rather than enter the portals of a workhouse. They regard liberty as Sterne regarded it: "With thee, Liberty, to smile upon him, as he eats his crust, the swain is happier than his monarch, from whose court thou art exiled." Exiled from the court of a king! how much further, then, is this fair goddess exiled from the walls of an Union House?

One more case and we conclude our paper.

A poor girl came under our care some years since, in the parish wherein we dwell. She was a fine, tall, and what many would call a handsome girl. She was an orphan, and had been carefully brought up by an aunt, who was indeed a mother to her. Sickness came on, and as their means were limited, we received an order to attend her. It was a true case of phthisis, and of that well-defined and rapid character, that no hope could be entertained of her recovery. We gave orders that all necessary appliances should be furnished—good food, good nursing, &c.

As the case threatened a lengthened illness, the poor girl was ordered into the house, and we were directed to certify as to her fitness for removal. This was a crisis of deep suffering to our poor patient; her whole earthly happiness consisted in being near her aged relative, and in the companionship of her juvenile associates. She was a young woman of strong religious feeling; had been bred a dissenter, was attached to that persuasion, and was frequently visited by pious people of her own denomination, who would spend hours with her in reading the scriptures, and in prayers by her bedside. To persons of her turn of mind, these were privileges of a high order—they were indispensable conditions, her only true solace. What to her was "the bread that perisheth?" What to her, any change, however brilliant, which deprived her of these?

However, the mandate came, and there was no alternative. The Union House, or starvation, was before her. Out-door relief was too expensive, and the Board resolved to offer the house, which if refused, they could only fix a small weekly allowance, not equal to half her wants. Bitter, bitter, was the pang. Religion, however, sustained her in the hour of trial. She resolved to go; a covered vehicle was sent to convey her. She bade farewell to a group of attached persons; on her aunt's neck she wept bitterly; she felt—she knew—it was a last embrace. When she lifted up her head, her beautiful blue eyes and pallid cheeks indicated the struggle of her spirit. She was sensible that strangers would watch her dying bed—strangers who could have no

sympathy with her heart's yearnings. We saw what passed through her mind, and knew that "the iron had entered into her soul." In a fortnight she was a corpse.

We are bound, however, to admit that as far as it was possible to compensate the dreadful shock of her removal, by gentleness and by kindness, it was done. To the honour of this Union, nothing is withheld which is really needed in sickness, to those who are *within* the walls of the house; but alas! it was not that, the source of her real suffering—her mental agony, could not be compensated—the pang which shortened life was the withdrawal of inward satisfaction, the hasty closing of the heart's best feelings.

The steel, the bowl, the cord, are not the only weapons of death; there are others, deep and dreadful, and which worldly philosophy wots not of.

It so happened we were present at the moment when this poor girl died. The hectic flush, that mockery of health, and which gave superior beauty to her countenance, was exchanged for a livid hue. The brilliancy of her eye was gone; drops of the expiring dew of nature stood upon her forehead. Her spirit rested on the threshold of two worlds, but the lime-twig which held it a denizen here, was drawn to its utmost tenuity. The depurated spirit sped, rushing onward,—onward, until it was ushered into that unknown, unseen, but immaculate and glorious futurity, on which for so long its faith, its hopes, and its aspirations had rested.

(To be continued.)

CASES IN GENERAL PRACTICE:

ILLUSTRATIVE OF PRINCIPLE III. OF OUR ADVERTISEMENT, VIZ.:—

"The necessity of a high standard of education and qualification, with sufficient tests, by full, fair, and complete public examinations of every individual to be authorized by law to practise Medicine, Surgery, and Midwifery."

To the Editor of 'The Institute.'

Sir,—It is doubtless your intention, in repeating in the Advertisement of '*The Institute*' the principles upon which that journal is founded, to elicit from the profession, and especially from such members of it as are, or have been, general practitioners, information illustrative of the correctness of your views, or expressions of dissent from them, with their reasons for the same, in order to come at the best methods for advancing the interests, the dignity, and usefulness of the profession in future.

If this conjecture be correct, allow me, Sir, to express my thorough conviction, that no man can be qualified to practise any special branch of the profession, not merely without a lecture-room acquaintance with every department, but without having to a considerable extent practised as a general practitioner.

I am persuaded, from long observation and experience, that should the apprenticeship system at present secured by the Apothecaries' Act of 1815 be abolished, without an equivalent provision being substituted for it,—should it be determined that such instruction as can be obtained at hospitals and public schools shall alone be depended on, to qualify men to practise,—the country will not be supplied with a class of practitioners so efficient as at present. I am fully aware of the objections which have been urged against apprenticeship; and I conceive a great improvement upon the present plan would be to oblige every one who intends to enter the profession, to attend for two years lectures upon the preliminary sciences—Anatomy, Botany, Chymistry, and Materia Medica; then to serve an apprenticeship with a general practitioner for two years; and finally, to attend hospitals, with lectures on the Theory and Practice of Medicine and Surgery, for two years at least, before admission to examination. If any one thinks that six or even seven years is too long a term for the study of Medicine, before any person should commence practice, he cannot know much of the profession himself.

Into the *quæstio vexata* of the efficiency of examinations, I need not enter, only observing that the omission of Midwifery as a part thereof at existing institutions, appears to me to vitiate the entire system.

My present purpose is to offer you a few rough notes of cases illustrative of your "*principle*" and my own preceding remarks; and I cannot help thinking that your readers could supply hundreds of cases similar, or bearing upon the same important question.

I would, however, respectfully suggest to you, that in publishing them, all names should be suppressed, as the mention of names might lead to personalities, and recriminations; at the same time, the name of the party furnishing such cases should, in every instance, be communicated to you privately, and in confidence, to secure the truth, and good faith of the communication.

If these hints serve in any way to forward the good cause you have in hand, it will gratify your obedient servant,

A PHYSICIAN WHO WAS FOR TWENTY YEARS A GENERAL PRACTITIONER.

1. *A Physician and a Surgeon at fault.*—One night, shortly after midnight, I was aroused by a ring at my bell of unusual violence, betokening some extraordinary emergency. I was at the window in an instant, where I was saluted by a voice, the sound of which, aided by a glimpse at the person in the gas-light, enabled me to recognise him immediately. "For Heaven's sake! Sir," said he, "come to my wife. I beg your pardon—I will pay you all I owe you; but as I am so much in your debt, my wife was ashamed to see you. She is in labour, and (I hope you will not be angry), there are two doctors with her; it is some dreadful case, and they do not seem to know what to do; they talk of sending for another doctor; I am afraid it is already too late—she may be dead before I get back! Pray make haste." I inquired whether the two doctors were aware of his coming to me; his answer was, "Oh, Sir, do not stand upon ceremony, but come at once." Thus importuned, and as I had attended the woman with *four children*, all cross births, and two of the labours being remarkable cases, I thought it my duty to waive etiquette, and go and offer my assistance. One of the gentlemen in attendance was a neighbour, a member of the College of Physicians; the other a qualified surgeon—at least, a member of the Royal College of Surgeons. On my arrival, I found the consultation had terminated; the physician was gone, the surgeon remaining to put in force the measures determined upon. He was in the act of bandaging the arm, in order to bleed the patient to syncope. Introducing myself, I called him aside to inquire the nature of the case, and was told it was extreme rigidity of the os uteri. Thinking this very remarkable in a patient of her age, the mother of six or seven children, large-boned, and of a loose, leucophlegmatic habit; and moreover, the woman's cries, as the pains returned, seemed to indicate something very different. I begged permission to make an examination before the venesection. This was rather reluctantly conceded, and the arm was unbandaged. In a moment the case was clear: the broad disc of a male breech filled up the whole area of the pelvis, the scrotum, &c., hanging prominent. The two certificated-qualified medical practitioners of the great, and honoured colleges, had passed their fingers into the anus of the child, and mistaken it for the os uteri!

I at once told the "surgeon" in attendance the truth, and asked him whether he could conduct a breech case; at the same time gently hinting *my* plan of proceeding in breech presentations, *i.e.*, in fact, told him what to do. Without hesitation he expressed his willingness to be left alone in the emergency, and I returned to my pillow.

About three hours after, I was again aroused by the same messenger: to my question, "What's the matter now?" the answer was, "The child has been born an hour all but the head, and the woman thinks she shall be pulled to pieces." I found the matter just so. The child, one of the finest I ever saw born, was quite dead, with the head unborn. There was, of course, little difficulty in extricating it, and I begged the child as payment for my trouble, and made it into a skeleton, as a memento of so odd an adventure.

Telling this tale, a few days after, to a young gentleman who for about twelve months had sported "Mr. ——, Surgeon," on a brass plate in a fashionable quarter of the town, and was indeed a member of the Royal College of Surgeons; he replied, "Well, I dare say you will think me very ignorant; but, to tell the truth, I have had several labours to attend since I have been in practice, but I never could satisfactorily find the os uteri!"

Is it asked, why tell this ridiculous tale? The answer is, we deduce therefrom this serious moral:—If the Royal College of Surgeons choose to neglect the institution of examinations in *Obstetrics*, whilst they certify by diploma the competency of youthful members to practise Surgery, should they not, in fairness to the public—in common honesty—insist on a guarantee from every member, not to practise until he has learned that despised art?

Is the public distinctly informed that the licensed Doctor, or the more pretending Fellow of the Royal College of Physicians, knows nothing of that branch of practice? If not, will some astute logician defend these institutions against a charge of conniving at transactions looking marvellously like fraud?

Case II.—*Druggists' Practice.*—It is now several years ago that I was called to a man holding an office in a dissenting chapel, the patient of a friend, who at the moment was absent from home. A glance sufficed to make manifest the nature of the case. It was

laryngitis in a most acute form. This man had been for forty-eight hours treated by a druggist with gargles, and some trifling internal medicines. My friend coming in, in a few minutes, several of the first west-end practitioners were called around the case—itself, happily, very rare—and everything was done that judgment and skill could devise; but the poor fellow died in twenty-four hours, a victim, as every one pronounced, to the neglect of the first diagnostic symptoms.

Case III. *Pure Surgery.*—A gentleman, who had just returned from a long journey, was suffering from irritable bladder, considerable fever, irritation and mental anxiety. The amount of urine which he passed was small, but as I thought sufficient. I recommended venesection and a sedative, and strongly objected to any attempt being made to pass a catheter until some soothing measures had been applied. This advice not being in accordance with the patient's own opinion, an operative hospital surgeon was sent for. On his arrival, without any minute inquiries, the catheter was produced and attempts made to pass it, which caused considerable suffering, and after a long time proved successful. A small quantity only of urine was extracted tinged with blood; but from that moment high inflammatory fever set in, and acute cystitis, and in spite of every measure destroyed the patient's life in forty-eight hours.

Case IV.—*Counter Practice again!*—I was requested to see a man who, it was alleged, had passed no water for nearly three days, and was very ill. I went accordingly, and found a poor fellow complaining of dreadful sufferings over the whole abdomen, which was swollen, tense, and exquisitely tender. I learned, on inquiry, that no urine had passed for seventy-two hours, and very little for some hours before. That the desire to pass water, which had been most distressing, had subsided, but had been succeeded by general pain extending all over the abdomen. A catheter was passed with great difficulty, but only a little bloody serum escaped. The nature of the case was evident. It admitted really of no hope. After the man's decease, a large rent was found in the fundus of the bladder; the abdomen was distended with urine, coloured deeply by blood. This man had been from the beginning under the care of a chemist and druggist. He had medicines in his apartment, evidently a mixture of spirits of nitre, nitrate of potash, digitalis, and other diuretics. As the water had stopped, the first idea of this counter-practitioner was, like his last, to produce it. The writer has often seen cases so far similar, as to stop short of burst bladder from the timely use of the catheter.

ON MUTILATIONS OF THE FŒTUS IN UTERO.

To the Editor of 'The Institute.'

The manner in which some of your correspondents have lately treated the subject of imperfect fœtation, is hardly worthy of the present advanced state of physiological knowledge, or of that branch of the profession which is emulous of the consideration that is due to the labourers in the paths of a Smellie, a Hunter, a Denman, or a Davies. Such speculations as savour of the bygone superstitions of occult influences, of the mysterious agencies of remote sympathies, or of the more modern neologies of animal magnetism, or of any other pseudo-philosophy, must give way to the legitimate inductions of science and of faithful observation.

It were earnestly to be wished that some pen, able for the task, and with leisure and opportunity to collect the materials scattered over the works, both of practical and theoretical obstetricians, could be employed in a monograph of this subject. It would surely be well received by the profession, amongst whom it ought not any longer to remain in the state of incertitude which at present prevails. It is true that we have got beyond the knowledge which assigned, as in the days of Sir Thomas Brown, a hybrid offspring to the lady and her ape; or which could seriously entertain the notion of a Guildford woman bringing forth rabbits. But that condition of knowledge cannot be said to be much in advance which does not explain, on some rational grounds, the fact, if fact it be, that the agitation of an alarmed mind can mutilate or change the form of a fœtus far advanced in its growth; or, more marvellous still, give an impression, however remote, of the object which was the cause of that alarm. If the materials for such a history of this subject, as I have said before, do not already exist, it is time to enter on such a course of faithful observation as would lead to a more satisfactory exposition of its true bearings; such a series as that to which we owe any of the established theories which grace the physiology of the present day—to educe, in fact, the true "philosophy of abnormal fœtation." To enumerate all the conditions necessary for bringing such a research to a satisfactory issue, would be foreign to my present purpose; and, indeed, so many considerations crowd upon the mind, as to defy all attempts at a hasty arrangement; but that these desultory observations may not appear to be quite fruitless, I propose to adduce a case or two in point, and to indicate one or two of the sources from which the phenomena in question may be supposed to spring.

It cannot be denied that there is no part of the Shandean philosophy more sound than the opinion that "a man's misfortunes may begin nine months before he ever came into the world." And if the obliquities of "the Homunculus" do not arrive to it, in the exact way so apparent to the shrewd mind of Tristram's father, we cannot but agree with him that some derangements of the primordial elements of the ovum, some deficiencies, or an early destruction, tantamount in its effects to such deficiencies, in its component parts, are the most frequent sources of fœtal imperfection. To this category we must refer such cases as acephalous or anencephalous monsters, the admixture and coalition of parts in monstrous twin conceptions, and the like. And whether we agree with Mr. Shandy, to assign a spiritual origin to these deficiencies, or are disposed to contend for a grosser and more mechanical agency, it must be admitted that some deficiencies are coeval with the earliest stage of development. If it be sought to refer these phenomena to strong mental excitement in the mother, it is only necessary to be reminded that such excitements are the frequent cause of abortion; and it is surely not irrational to suppose, that a blight, which sometimes destroys the whole, may often alight on a part only of the homuncular mass. Derangements that arise from grosser and more mechanical causes, are more readily appreciated. I have just now under my eye a woman who, out of twelve children, has had seven born at the full period, imperfect; and it was shrewdly suspected that an inordinate indulgence in horse exercises gave origin to these imperfections. She had never any suspicions of mental or nervous agitation being the source of the evil; but she was generally possessed with some precognition of the nature of her several pregnancies, and was able to pronounce before delivery, from feelings which she could not well describe, the probability of a perfect or an imperfect child.

The records of pregnancy do not afford data for distinguishing the difference between the mutilations which take their origin in the aforementioned deficiencies or derangements of the primordial elements of the ovum, and those which arise from diseases of the "fœtus in utero," self-generated, and independent of the mother. But we already know that some diseases are imparted by the mother; and there can be little doubt that some originate in the abortive influences of strong mental or corporeal agitation. The question is thus narrowed to the consideration of how strong mental agitations are capable of giving a particular character to the mutilations or deformities of the fœtus; or, if they do so at all; and if so, at what period in its growth do such influences cease to operate?

I have before me the cases of two individuals, strongly illustrative of the opinion that limbs or parts of limbs may be lost very late in the period of fœtal life, with very little sign of their having ever existed. I assisted at the birth of a male infant, clean and healthy in its general appearance, but mutilated in its left arm. The whole limb was deficient in length, as if it had been retarded in its growth. The upper arm was thin and dwarfed, but the elbow joint perfect; the lower arm was rather more muscular, but mulcted of the outer half of the carpus, and with a corresponding deficiency of the metacarpal bones and two lesser fingers. The fore-finger and thumb were perfect, and there were the rudiments of the second finger. This child is now become a hearty young man, and has grown to make the arm with its thumb and finger so useful, that, except in the shortness of the limb, he will not acknowledge himself under any disparagement of "dissembling nature." I may add, incidentally, that the mother, a quiet unapprehensive person, had no pretensions about the cause of the deformity of her offspring, and had not been sensible of any extraordinary mental or corporeal disturbance during her pregnancy.

The case I propose to parallel with this, is that of a child which was born perfect, apparently in good health, and of healthy parents. About the fourteenth month of his age, a sudden attack of inflammation of the arm took place, which speedily terminated in gangrene, and destruction of a great part of the carpus, and hand, and the three lesser fingers. Like the person affected with the like mutilation from intra-uterine disease, this man has grown up with a useful limb; and it is curious to observe, that there is as little cicatrix, and almost as smooth a surface on the collapsed hand and wrist, and it looks as natural and aboriginal, as the congenital deformity of his companion in misfortune.

The inference proposed to be drawn from the great similarity of these two cases is, that a few months only before the full period of gestation, a fœtus may be mutilated, either from what may be called spontaneous disturbance of its own independent economy,

or derived from a disturbance of its relations with the parent; and that it may repair the mischief, or rather heal the mutilated parts, in as short, or shorter, time, and by the same natural processes, as are employed after birth. This is not advanced as anything new. The records of fœtal diseases probably afford instances as much, or more, illustrative of the true nature and history of such mutilations. But, in the contemplation of a subject so beset with marvels, it is wholesome to be reminded of the operations of nature in her ordinary moods; that we may learn to reduce to their proper dimensions, the miracles which loom to us through the misty atmosphere of child-birth.

P. P.

THE INSTITUTE MEDICAL JOURNAL.

SCALE OF CHARGES FOR ADVERTISEMENTS.

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For eight lines or less...	0	6	0
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MEETINGS OF SOCIETIES.

MEDICAL SOCIETY, Saturday 16th, at 8 P.M.
STATISTICAL SOCIETY, Monday 18th, at 8 P.M.
CHEMICAL SOCIETY, Monday 18th, at 8 P.M.
LINNEAN SOCIETY, Tuesday 19th, at 8 P.M.
PATHOLOGICAL SOCIETY, Tuesday 19th, at 8 P.M.
GEOLOGICAL SOCIETY, Wednesday 20th, at half-past 8, P.M.

THE INSTITUTE.

LONDON, SATURDAY, NOVEMBER 16, 1850.

AMONG the various plans, so characteristic of the present age, for diffusing information in almost all branches of literature and science, the different publication societies may be reckoned some of the most successful. It would have been strange, indeed, if our profession had not taken advantage of such means for obtaining, at a cheap rate, books of a sterling character, which, alas! there has been so little encouragement to publish in the ordinary way. And it would have been stranger still, had not the Sydenham Society obtained that success, to which, from its constitution and objects, it is so justly entitled. We are not, therefore, surprised that, after a period of seven years, the Council should be able to issue such a Report as the one now before us. Constituted as the Council is, and has been from the commencement of the Society, of men eminent in the different branches of the profession, and having no other object to serve than the welfare of its members, it might be expected that the selection of works, and the general management of the Society, would be such as should best fulfil the important ends for which it was instituted. We are doing no more than justice to the Council, when we say that they are eminently deserving of the thanks of the profession, for their disinterested zeal and the judicious manner in which they have discharged the duties assigned to them. To satisfy every one who might join such a Society as the Sydenham, it would be vain to expect; but that the Council, whilst steadily adhering to the original object of diffusing "sound medical literature with the view to improve the taste and elevate the literary character of the profession," have succeeded far beyond what might have been anticipated, in giving satisfaction to the members at large, is evident from the continued support which the Society receives, and from its present state, as set forth in this Report. No fewer than twenty-three handsome octavo volumes have been issued during the past seven years; and the financial statement shows that the income of the Society is such as to warrant a confident belief that its future operations will not be impeded for want of funds.

We have not space to enter on a detailed criticism of the past proceedings of the Society, but whatever differences of opinion there may be with reference to particular works, we are sure that every one who has read the account which the Council here give of what they have already done, must feel that they have afforded an ample justification of their acts. A Society like this should not be judged of by the works issued in any one year; nor can members expect to derive from it its full advantages by merely subscribing for one or two years. Let those who are fortunate enough to have subscribed from the commencement, look at the whole series of books which they possess, and it will, we think, be admitted, that in these volumes alone, they have a valuable medical library, comprising some of the best works in most of the branches of medical science. True, they will not find elementary works on anatomy, physiology, or medicine, nor ephemeral productions, however popular for the time, setting forth doctrines and practices that have not yet stood the test of experience. We should be very sorry to see the Sydenham Society so far deviate from its original intentions as to issue such works. It was established, not to satisfy the wants of the ignorant and idle, nor to pander to the superficial tastes of those whose reading and study have been restricted to the crude popular books of the day. However desirable it may be for the Council to keep in good humour a certain class of their constituents, they are solemnly bound to see that, so far as it is in their power, the resources of the Society shall be made available for elevating the literary character of the profession, and ensuring its lasting welfare. Their duty is to form and guide rather than follow the tastes of their subscribers.

We are glad to find that, by means of the Sydenham Society, we are likely to have, at last, something like a complete Medical Bibliography. It is a want that has long been felt; and whatever may be the opinion entertained at present, we are satisfied that the Bibliography will eventually be *popular*. With the view of insuring the more speedy completion of so great a work, we could almost have wished that a separate subscription had been opened for the Bibliography, or that for the next two or three years the greater part, or even the whole of the funds should be devoted to this object. But we doubt not that the Council have well considered the best means for carrying out a scheme, to which it is evident they have devoted no little time and labour.

Among other works which we are promised, we would especially notice the volume to comprise the most important writings of the earlier British physiologists, and the 'Writings of Unzer and Prochaska on the Nervous System.' We are not aware exactly which of the writings of the older British physiologists are to be selected; but we are satisfied that from these sources a volume might be obtained which, whilst conferring just honour on British physiology, would be of essential utility in the present day. Nor can we doubt that, by the publication of the writings of Unzer and Prochaska, important assistance will be obtained in the discussion of the neurological questions which are now justly attracting so much attention.

As to the edition of Hunter's 'Plates of the Gravid Uterus,' we trust that the Council are not devoting too large a sum for what must prove an expensive undertaking, and which,

though perhaps useful to a large number of practitioners, can scarcely, we should think, be much wanted by the majority of those who subscribe to such an institution as the Sydenham. The remaining portions of Rokitansky's 'Pathological Anatomy,' we hope, will be speedily issued, for the volume already published has but enhanced the desire long felt for an English edition of this invaluable week. In conclusion, we have but to wish the Council God's speed in their labours; and that by the wide distribution of their Report, "the profession may be made more generally acquainted with the objects for which this Society was instituted, and the great advantages it has already conferred on its members."

QUACKERY.—No. IV.

THE followiag report of a proceeding in the Vice-Chancellor's Court, well illustrates the state of the law, and the opinions entertained by non-professional persons of the highest character and position, relative to the gross imposition practised upon the public by unscrupulous quacks. When, in Lord ELDON'S time, an application was made to him as Chancellor, to protect a copyright claimed by a bookseller in 'Lawrance's Lectures,' that learned judge decided that works of an irreligious and immoral tendency, should not have the protection of the law; that publishers, if unprincipled enough to print such productions, must do so with the risk of having them reproduced and undersold by anybody. That is, he would grant none of the rights of property to books calculated to undermine the faith and morals of the community. We would respectfully call upon Lord LANGDALE to consider this decision of that great lawyer, and to refuse protection to a property in a case of simple imposition. Would his lordship hold that less damage accrues to the public from the proceedings of the wretched quack who seeks his protection, and from the sale of his pretended remedies, than from infidel books? If so, we must express our conviction of the necessity for the profession to bestir itself to enlighten the understandings and correct the judgments of judicial functionaries upon this topic. It must be our object to bring an array of facts in the form most likely to impress them upon the minds of legislators and judges, in proof of our general allegations, that quackery is fraught with consequences most injurious to all classes. Directly and indirectly, thousands of valuable lives are sacrificed to this vulgar cupidity. Talk of the sale of poisons by which a few homicides are committed, and the details of which every now and then shock the community! The fatal consequences do not reach to 1 per cent. of the numbers by which the victims of quackery—such as this of Holloway—must be reckoned.

"HOLLOWAY *v.* HOLLOWAY.

"This was a motion for a special injunction on behalf of Mr. Thomas Holloway, of 244, Strand, to restrain Mr. Henry Holloway, of 2, Walbrook, from selling a medicine called Holloway's pills, or H. Holloway's pills, Holloway's ointment or H. Holloway's ointment, in boxes or pots having affixed thereto, or burnt or stamped thereon, such labels, &c., as in the bill mentioned, and from printing or publishing pamphlets or direction papers, or using wrappers purporting to be, or leading the public to suppose the same as those of the plaintiff. The plaintiff and defendant are brothers, and the defendant having set up on his own account, endeavoured, as appeared by the affidavits, to imitate as closely as possible, the apparatus of his brother without making actual copies. He had, however, 'H. Holloway,' instead of 'Holloway,' on his papers, and he had only the ordinary government stamp, whereas the plaintiff had obtained a special stamp from the Commissioners of Stamps, who refused the defendant the like distinction. There were various small differences, but on the whole, the intention was clear.

"Lord Langdale said he never saw a clearer case of an attempt to obtain the benefit derivable from making the public believe the two medicines were by the same person, and he granted the injunction, with liberty to move to dissolve."

Surely if a burglar, or a wholesale plunderer of property, should appeal to the Court of Chancery for its interference in preserving his ill-gotten gains, the judge would dismiss his application with scorn! That court is said to be one of *equity*. It is not bound to a verbal and literal adherence to statutes. To what then are we to attribute such a decision as the above? Not, we are certain, to indifference in the judge to the public welfare, but simply to want of correct information; and yet the brother of this very Vice-chancellor is, or was for many years, a distinguished general practitioner of medicine.

We fear that the only explanation of this and other similar cases is, that we have all been too inert; that indifference or misplaced contempt has permitted quackery to run riot, and to abuse and mislead minds, which, were the faintest glimmering of light, of the real evils and tendencies of quackery, to dawn upon them, would shrink with abhorrence from uttering a word, or doing the most trifling action, towards aiding and abetting it.

CORRESPONDENCE.

To the Editor of 'The Institute.'

DEAR SIR,—I send you an extract from an old letter of my brother's, giving a description of a very extraordinary monster, which I think is worth a place in your valuable journal.

I am, Dear Sir,
Yours very truly,
W. COLLYNS.

Kenton, Nov. 9, 1850.

EXTRAORDINARY FŒTUS.

"I met with an extraordinary lusus, in the fœtus way, ten days since. After delivering a woman of twins (two girls), perfectly formed and healthy, I was confoundedly posed by something in the vagina which I could not make out, it proved at last to be the nates of a monster, having no distinct head, but the appearance of one covered with *hair*, placed upon the shoulders, the neck wanting; it has a small opening for the mouth, with the appearance of a tongue, and marks for the eyes and nose. On the right side a shoulder with fore arm and hand, but no humerus; on the other side a *shoulder*, with one *finger* attached to it, but no arm. It has no abdominal parietes, but the liver, stomach, and intestines uncovered. It has thighs with enormous knee-joints; on the right side a foot with four toes, but no leg; on the other, three toes only. It has the appearance of a male.

"I have it in Spt. Vin. The twins died on the third day.

"E. P. COLLYNS.

"Dulverton, Oct. 9, 1828."

To the Editor of 'The Medical Times.'

"SIR,—I shall esteem it a favour if you will inform me if the 'Institute,' advertised in the 'Medical Times,' is to be published by a body of shareholders, and what are the shares? If there are any for disposal, and what will be paid for essays and cases to writers who may contribute their labour to the journal?

"I remain, Sir, your obedient servant.

"JOHN WYER.

"November 2nd, 1850.

"We refer our correspondent to the Council of the National Institute, who are the best judges of the probable value of the shares of any journal pledged to the advocacy of their views. As regards the price of the shares, we agree with Hudibras, that

'The worth of any thing
Is just as much as it will bring.'

"We do not know whether essays and cases will be paid for, but we suspect that the proprietary have already discovered that they have paid too dear for their whistle.

"It is highly probable that contributors will be paid out of the profits."

To the Editor of 'The Institute.'

Sir,—In the Notices to Correspondents, in the last number of a weekly medical contemporary, I observe the foregoing interrogatory, and the reply; and as a friend to the amicable relations which ought to subsist between brother journalists of the same liberal profession, permit me to offer an observation on the spirit which seems to have animated the writers, both of the question and the reply; regretting that from an old-established journal there should be a supposed occasion to express an ungracious opinion or observation towards a younger brother, not, as I believe, deserving any other than kind and courteous treatment.

Whether you have already paid too dear for your whistle, perhaps you are almost as good a judge, if not quite, as the writer of the reply; and I dare say that you will be enabled to make good your pecuniary engagements towards your paid contributors, as the result of calculation as well as confidence in the support of the most numerous class of the medical profession, whose interests, as well as the good of the public, as being inseparable, you advocate.

Without any desire to provoke unworthy treatment or ungenerous insinuation, you will not, as I hope and believe, permit yourself to be intimidated or persuaded, or dissuaded, or by any power of ridicule suffer yourself to be diverted from a perseverance in a calm and dignified course in the fulfilment of your editorial functions, in vindicating the cause of the general practitioners, as being incomparably the largest class of the medical profession of whom you are the distinguished advocate, and justify the expectations of your readers, who will expect that you bring into your pages the best modes in science and practice that can be made available.

You will, therefore, Sir, be enabled to receive with a smile the sneer, or the witticism, or the frown, of a brother journalist, and not allow your benevolence or your equanimity to be diminished or disturbed by provocations originating in an unfriendly spirit.

With best wishes for the long-continued and successful career of '*The Institute*,'

I remain, Sir, your very obedient servant,

FIDO.

[Mr. Wyer may be assured that no shares in '*The Institute*' are to be disposed of, either at a premium, a discount, or at original price.—Ed. Inst.]

NEW REMEDY FOR SHORT-SIGHTEDNESS.

To the Editor of 'The Institute.'

Sir,—I beg to call your attention to a newly discovered remedy in cases of short-sightedness, which I have applied with very considerable success.

A few months ago, I observed, that persons who are short-sighted, when looking at objects at a distance, partially close their eyelids for the purpose of overcoming the difficulty they find in discerning them. This action is instinctive; it is a natural effort to adjust the eye to an increased sphere of vision. It is well known that short-sightedness depends not only on convexity of the cornea, but also on convexity of the lens, and having no hope of being enabled to effect any alteration in the structure of the lens, my attention was directed to the iris, which I found to be in such persons generally much dilated. It then occurred to me, that contraction of the iris has the effect of apparently lengthening the convexity of the cornea, which produces a circumscribed plane that permits the rays of light to enter only in a straight line. The effect of this is obvious; the length of vision hereby necessarily becomes increased, and distant objects brought within its range. It therefore struck me, that if we could discover any substance which could be so applied as to cause the iris to contract, the defect of short-sightedness would be remedied. The result, I am happy to say, has been most satisfactory. In the first instance, I applied the extract of ginger, which was rubbed for five or ten minutes over the whole forehead, with the view of acting upon the branches of the fifth pair of nerves. Afterwards, I substituted a concentrated tincture of ginger of the strength of one part of ginger to two parts of spirit of wine, decolorized by animal charcoal. The success of this application was remarkable; in many cases it had the effect of doubling the length of vision. In some persons I found the iris was not much dilated, but very torpid; in these cases I applied the concentrated tincture of pepper made of the same strength, and in the same manner as the tincture of ginger. This plan of treatment has been attended with the most signal success; and persons who were extremely short-sighted, have been very soon enabled to lay permanently aside their concave glasses. The best method I may observe of testing the improvement of the sight during this treatment, is not by taking a printed book and holding it near, and then at a greater distance from the eyes; this range of vision is much too limited. It is better to fix the attention of the patient upon a distant object, such as a brass key-hole of a door, and by his stepping some paces backwards so as to place himself at a greater distance from it, he will soon discover the progress he is making.

So important a discovery as this will, I hope, be fairly tested by the members of our profession, who may rely on the success of the treatment I have recommended, if it be only judiciously and carefully carried out. It is possible that the advantage derived from the tincture as above described, may be ascribed to the alkaloid principle of peperin which is held in solution in the tincture of pepper.

I remain sir, your obedient servant

A. TURNBULL, M.D.

16, Manchester-square, November 9th, 1850.

REVIEW.

PHARMACY AND MATERIA MEDICA.

The Irish College of Physicians has just published a new edition of the Dublin Pharmacopœia. Whether it be good policy for existing medical incorporations to adhere to the ancient practice of issuing these formularies in the present state of science and the arts, may fairly be questioned. Very cogent reasons might be adduced in favour of a total discontinuance of such publications; but these seem for the present at least to be disregarded, and a difference of opinion is manifested by the fact we announce. But it must surely be a matter of universal regret, except just within the walls of the Colleges themselves, that Dublin, Edinburgh, and London physicians, if they must needs publish, cannot co-operate to produce a national work after the manner of the French *Codex*, or the United States' Pharmacopœia. The primary reflection arising from an examination of a Pharmacopœia, is that the learned names paraded in the front of the publication, cannot possibly have much to do with the work to which, in their corporate capacity, they attach their *imprimatur*. Dependent in a great measure upon the practical pharmaciens with whom they have most intercourse, it is not surprising to find that each exhibits strong internal evidence of local, and partial influences. This is strikingly the case with the present Dublin Pharmacopœia. We look through it in vain for many remedies in the hands of every practitioner in England, but which appear, at present, not to have traversed the Irish Channel; and on the other hand, we discover preparations which are sure never to be noticed in the English or Scottish Pharmacopœias. This diversity, however, would be of little importance, were it not that each College chooses to have its own form for preparations of several of the most powerful remedial agents, whilst the same designation is given to all; and thus a "tincture," a "spirit," a "pill," prescribed in one of the three kingdoms, and prepared in another, may differ in strength most seriously.

It has been well shown by an English pharmacien, that these differences, in many cases, reach a considerable amount, and in these days of railway travelling and free intercourse, a prescription written in England, and harmless so long as it is prepared there, may have a poisonous strength if unwarily made up in the sister kingdom. These are good grounds for our advocacy of a national, a British Pharmacopœia. The completion of a separate work is a matter of considerable labour, trouble, and difficulty to the individual college, but we are inclined to think, were they to undertake the task conjointly, and were a fair statement made in the work of the assistance afforded by individuals not belonging to their corporations, the contributions of real pharmaciens and of chemists, would remove all obstacles, and render a truly National Pharmacopœia a task of very easy accomplishment. As it is our intention to examine and remark upon the contents of the new Dublin Pharmacopœia, we begin by presenting our readers with the apology of its framers for the structure and contents of the work.

1. "Four and twenty years having elapsed since the publication of the last edition of the 'Dublin Pharmacopœia,' it will not be considered a matter of surprise, that the College of Physicians should have, for some time, contemplated a revision of its work, and the publication of a new and improved edition. This task it accordingly undertook in 1847, and since that period experimental and other inquiries of various kinds have been steadily carried on under its direction, having for their object to correct whatever might be defective in the processes previously given, and to introduce such new medicinal agents as would seem called for by the rapid progress made, in modern times, by those sciences from which our knowledge of therapeutics is chiefly derived. These researches have not only occupied much time, but have been conducted with the attention and care necessary to insure accurate results. The formulæ, therefore, to which they have led, are given with considerable confidence; and though, in the progress of discovery, some of them will, no doubt, be replaced by others of a superior description, they are, at all events, such as may be successfully repeated by any person who attends strictly to the directions given in them. They will also, it is believed, be found to be recommended generally by their economy, simplicity, and the comparative purity of the products which they yield. The question of economy, however, the College considers as one of a very subordinate nature, and not at all to be entertained should the purity of a medicinal agent be endangered by a diminution in the cost of its production.

2. "And here it will be proper to observe, that formulæ are given for the preparation of numerous medicines which are, at present, seldom made by the apothecary, being fabricated on the great scale by the manufacturing chemist. This is the course adopted by the College in the Pharmacopœia of 1826, and it is one which should not be lightly abandoned; for he who occasionally manufactures his own chemicals will obviously be the best judge of the quality of those which he purchases, and will be possessed of standards of comparison by which the numerous frauds and adulterations, at present practised, will be most readily and certainly detected. There are, however, certain articles, such, for example, as citric and tartaric acids, which, while they may be always had of sufficient purity in the market, scarcely admit of being satisfactorily made on the small scale; and others which, though easily made, may, like Epsom salt, be always purchased of excellent quality. For the preparation of such, no processes have been given.

3. "The principal differences between the present Pharmacopœia and its predecessor may now be briefly noticed. And first, as respects classification.

"In the present work the various formulæ are grouped under thirty-seven headings or sections, distinguished by distinct names, and these are placed consecutively in alphabetic order, this being obviously the method of arrangement which best secures facility of reference. Several of the headings are the same as in the Pharmacopœia of 1826, but there are also some important changes, the principal of which is the suppression of the *Metallica* of the last edition, and the distribution of the numerous preparations of this class under sections headed respectively, *Acetates*, *Arsenites*, *Carbonates*, *Chlorides*, *Citrates*, *Iodides*, *Metals*, *Nitrates*, *Oxides*, *Phosphates*, *Sulphates*, *Sulphurets*, *Tartrates* and *Valerianates*. According to the old arrangement, the *Sulphurea* appeared as a distinct section, and while some oxides were included amongst the *Metallica*, others, as the alkalies and earths, were not. Such incongruities are avoided by the method of sub-division of the metallic preparations now adopted; and this method has the additional recommendation of being made to rest upon the electro-negative, rather than the electro-positive constituent, and thus coming, in its principle, to coincide with the most approved classifications of the objects of the mineral kingdom. In a single instance, however, it has been found expedient to deviate slightly from the arrangement which has been sketched, and, as it became necessary to erect the alkaloids into a distinct section, seeing that they are not metallic oxides, it was thought better to arrange with each alkaloid its saline compounds, rather than transfer such to the sections characterized by their respective acid or electro-negative constituents. Strict adherence also to alphabetic order would cause the *essences* to be separated from the *spirits*, and such course would probably have been taken, had the introduction of the former been decided upon sufficiently soon to enable them to be put in their proper places.

4. "The medicinal agents, for the preparation of which formulæ appear for the first time in the present edition, amount to a considerable number, and yet there are many of undoubted efficacy which the list does not comprehend. From a field so vast, a selection had to be made, and such were preferred whose therapeutic virtues had been most satisfactorily established, and which could be obtained by processes, the merit of which had been tested by actual experiment.

5. "It is scarcely necessary to say, that many processes still retained have been materially modified, and that others have been altogether omitted; the latter course, however, being adopted only when the products of the processes were, as is the case with several of the extracts, of a perishable nature, had become obsolete in medical practice, or possessed but questionable utility. In one instance, too, a class of medicines, the distilled spirits, has, with a few exceptions, been suppressed, while their place has been supplied by the *essences*; preparations which, while they exert an equivalent action to that of the *spirits*, are necessarily of definite strength, much more easily made, and better suited to medicinal use.

6. "And here it is proper to observe, that a leading object held in view by the College has been the simplifying, as far as was practicable, of the Pharmacopœia, in order that the apothecary may be induced to undertake the preparation of his own medicines, and thus become as independent as possible of the manufacturing chemist. For reasons already glanced at, this is considered an important object, and it is believed to be one which will be promoted by the very simple and ready methods given in this work of obtaining the essences, aromatic waters, aromatic spirit of ammonia and other preparations. The formulæ for ointments, for example, previously sufficiently complex, are now rendered not only easy of execution, but of being retained in the memory, by making the *Unguentum Albæ Ceræ* the basis of most of them; while the directions for the preparations of infusions and decoctions are made nearly the same in every case, all the former, save one, being completed within an hour, and all the latter, but three, within ten minutes.

7. "In the carrying out of the important object of simplifying the formulæ for the preparation of medicines, the convenience of the prescriber has also been consulted; in illustration of which it will be sufficient to state that all the liquid preparations of opium have now under a given volume the same strength, and that the mineral acids have been diluted on the same principle, or so that an equal measure of each shall contain the same *equivalent* quantity of each absolute acid. These alterations, though sufficiently simple, are, it is considered, not unimportant, as they must tend to reduce the labour of the medical student, and diminish the number of erroneous prescriptions.

8. "In the difficult department of nomenclature little change has been attempted. The terms conserves, electuaries, and confections, if ever employed in senses perfectly distinct, are certainly not so used at present, and hence it has been thought proper to diminish their number, by using one as a substitute for all, and the term *confection* is that which has been adopted. For the definite chemical compounds, names long in use, though, according to present views, not strictly applicable, are still retained; but in the case of such as appear in the Pharmacopœia for the first time, to those the terms are applied by which they are designated in the most recent chemical treatises. Peculiar difficulties, however, sometimes present themselves, where, for example, the chemical composition is doubtful, or so complex as not to admit of a brief and expressive name, or where the order of the compound is uncertain, in consequence of the different views taken by chemists of the atomic weight of one of its constituents. The two first sources of embarrassment exist in the case of the bleaching chloridic compounds; but these have been evaded by the use of the very convenient and appropriate adjective, *chlorinata*, first found in the London Pharmacopœia of 1836. Of the remaining difficulty we have a striking instance in the mercurial preparations; the term chloride of mercury, long applied to calomel, becoming that for corrosive sublimate when the atomic weight of the metal is changed, as it has been recently, from 200 to 100. To obviate the confusion which must inevitably follow from this change, *chemical* nomenclature has, in the case of the preparations of mercury, been altogether abandoned, and such names as calomel and corrosive sublimate employed, or others, such as *red* oxide, *red* or *green* iodide, which are derived merely from the colour of the compound.

9. "In relation to the weights and measures, a great innovation has been made, which, however, the College feels confident will receive the sanction of the public and the profession. The old wine gallon of 231 cubic inches, which has become nearly obsolete, has been replaced by the imperial gallon, and the subdivisions of it first made in the London, and subsequently adopted in the Edinburgh Pharmacopœia. In the formularies, however, just named, the Troy pound, with its well-known submultiples, has been retained, whereas it is now rejected by the Irish College, and its place supplied by the avoirdupois pound, the avoirdupois ounce being, like the Troy ounce, subdivided into eight drachms, and

each of these, like the Troy drachm, into three scruples. There are many reasons justifying such a change, but it will be sufficient to glance at a few of the more important of them. At present the two systems are in use with the apothecary, for his purchases are made in avoirdupois, and his sales generally, though not always, in Troy weight. A practice so inconvenient and arbitrary surely requires to be reformed. The manufacturing chemist, too, by whom the avoirdupois pound and its subdivisions alone are used, is compelled, in preparing any medicine according to the directions of the Pharmacopœia, to have recourse, as a preliminary, to tedious arithmetical reductions; so that unnecessary labour is thus created, and the chances of error greatly augmented. Besides, between the imperial measures and Troy weights there is no simple relation which would abridge calculation, and enable us to determine with facility the proportions by weight which the liquid materials of a process, when given in measures, bear to the solid, or *vice versâ*. In fact, as respects the important point just adverted to, nothing would appear to have been accomplished by substituting the imperial for the wine gallon. It is otherwise, however, when with the imperial gallon and its divisions we combine the avoirdupois system of weights adopted in the present work; for, as the fluid ounce, and ounce by weight are both similarly subdivided, and that the avoirdupois ounce of 437·5 grains is the weight of a fluid ounce of water, and the avoirdupois drachm of 54·68 grains is the weight of the fluid drachm of water, when we have the volume of any liquid in imperial ounces or drachms, its weight is obtained by simply multiplying this by its specific gravity. Thus the weight of 11·5 fluid ounces of proof spirit is $11{\cdot}5 \times {\cdot}92 = 10{\cdot}58$ ounces; and $7{\cdot}75 \times 1{\cdot}846 = 14{\cdot}3$ drachms by measure of *pure sulphuric acid* weigh $7{\cdot}75 \times 1{\cdot}846 = 14{\cdot}3$ drachms. The weights of liquids may obviously be converted with equal simplicity into measures, viz., by dividing instead of multiplying by the specific gravity.

10. "To the substitution of the avoirdupois system, as here explained, for the old established Troy weights, objections may of course be made; but, having materially considered most of these, the College cannot attach to them much weight. It cannot, for example, consider it a matter of any practical importance, that the new drachm and scruple are not multiples of a grain by integer numbers; nor that those practitioners who do not take the trouble of consulting this work, should, in ordering a drachm or scruple of some active medicine, be administering a little less of it than they intended. A more plausible objection, which will, no doubt, be urged, is that the avoirdupois ounce has been already resolved into sixteen parts called *drachms*, and that there is, therefore, danger of this drachm being confounded with that of the Pharmacopœia, although having but half its value. The drachm, however, whose value is the sixteenth of an ounce, has nearly gone out of use, and even though it were common, it would, it is considered, be very unlikely to be mistaken for a weight between which and it there is so great a difference. The fact of there being an existing avoirdupois drachm different from that which it is proposed to institute, is certainly an inconvenience. It is also one which does not admit of being removed, for the sub-division of the ounce into eight parts was indispensable, in order that the drachm should retain nearly its original pharmaceutical value, and that drachm measures should be convertible into weights by multiplying by the specific gravity.—*Preface* xv.—xxiv.

THE PHILOSOPHICAL GAZETTE.

ACTION OF CHEMICAL AGENTS ON SULPHITE OF LEAD.

At a recent meeting of the *Pharmaceutical Society*, Mr. Redwood communicated the result of some experiments he had made, with the view of ascertaining how far sulphite of lead is acted upon and rendered soluble, by certain agents which it might be expected to encounter if introduced daily into the stomach with the food. The inquiry had reference to a question which had recently excited some degree of public interest in connexion with a proposed improvement in the manufacture of sugar. A patent had been taken out for this process, which consisted in precipitating impurities from saccharine solutions with subacetate of lead, and subsequently removing any excess of lead by passing sulphurous acid gas through the solution. The lead was thus converted into sulphite, which is so insoluble that it had been found practicable to remove every trace of lead by this means. Many persons, conversant with the manufacture of sugar, were, nevertheless, doubtful as to the safety of allowing so deleterious a substance as lead to be used in the preparation of an article of daily food, alleging that from carelessness, or imperfections in the apparatus, or even in the process itself, the public health might be endangered. The results of the investigation instituted by the Government to determine what amount of danger was to be apprehended from the adoption of the patented process, have been published. The chemists employed by the Government found lead, in minute quantities, in the sugar, and in larger quantities in the treacle; and the medical men who were consulted, expressed opinions to the effect that danger was to be apprehended from the daily consumption of an article of food containing these quantities of lead. Opinions had, however been expressed on the other side of the question. Dr. Gregory had made some inconclusive experiments by administering sulphite of lead to animals, and had come to the conclusion, in which Mr. Brande concurred, that it was *perfectly innocuous, and as harmless as so much chalk*. "This," he says, "might be predicted from its excessive insolubility and very stable nature, arising from the powerful affinity of sulphurous acid for oxide of lead; this prevents the formation of carbonate (white lead), which is truly the poisonous lead compound." It was this statement, and others to the same purport, which had suggested the experiments about to be described. Sulphite of lead had been represented as innocuous in consequence of its great insolubility and very stable nature; it appeared desirable, therefore, to determine, not only whether it be stable and insoluble when treated with distilled water, which is of very little consequence with reference to the question practically at issue, but whether it be equally unaffected when submitted to the chemical agents to which it would be subjected when introduced into the stomach.

1. *Action of Water and Acetic Acid on Sulphite of Lead.*—Sulphite of lead was prepared by passing sulphurous acid gas through solution of acetate of lead. The whole of the lead was found to be thus precipitated, and none could be detected in the liquor, even after standing in contact with the precipitate for several days.

2. *Action of Hydrochloric Acid on Sulphite of Lead.*—Water acidulated with hydrochloric acid speedily decomposes sulphite of lead, and the liquor, after standing for some time, affords a white precipitate of carbonate of lead on the addition of carbonate of soda, and an abundant black precipitate with sulphuret of ammonium.

3. *Action of Chloride of Ammonium and Chloride of Sodium on Sulphite of Lead.*—On macerating sulphite of lead in solution of chloride of ammonium, the liquor was found to be largely impregnated with lead, affording precipitates with carbonate of soda and with sulphuret of ammonium. The action of chloride of sodium on the sulphite was much less marked than that of the preceding salt, the tests affording only a slight indication of the presence of lead in the liquor.

4. *Action of Lactic Acid on Sulphite of Lead.*—The liquor resulting from the maceration of sulphite of lead in a weak solution of lactic acid, afforded evidence of the presence of lead in small quantity, the amount being rather greater than that taken into solution by the action of chloride of sodium.

5. The sulphite of lead being acted on so quickly, and the lead rendered soluble by hydrochloric acid, it was concluded that free hydrochloric acid added to a weak solution of a soluble salt of lead, would prevent the precipitation of the lead by sulphurous acid, and this was found to be the case. A solution, prepared as above, in which sulphurous acid gave no precipitate, afforded precipitates with carbonate of soda and with sulphuret of ammonium.

6. *Action of Carbonate of Soda on Sulphite of Lead.*—With the view of determining whether the affinity between sulphurous acid and oxide of lead be so powerful as to prevent the formation of carbonate of lead, as stated by Dr. Gregory, ten grains of sulphite of lead were added to a solution of twenty grains of carbonate of soda in four ounces of distilled water. After standing for two or three days, without the application of heat, the insoluble salt was collected on a filter, and treated with dilute acetic acid. The liquor thus obtained gave copious precipitates with carbonate of soda, and with sulphuret of ammonium, thus proving that the sulphite had been partly converted into carbonate by the action of a weak cold solution of carbonate of soda.

Dr. Ure stated, as the result of much experience, and communication with several of the most extensive sugar refiners, that the process proposed for purifying sugar with lead could not be safely applied on the manufacturing scale, especially since it had been shown, by the experiments which had just been described, that sulphite of lead is not the stable and insoluble compound it had been represented to be. He was satisfied that the workmen, both here and in the plantations, ought not to be trusted with so dangerous an agent as that used in this process.

Dr. Golding Bird thought it very erroneous to suppose that because a substance is insoluble it is necessarily innocuous. Calomel and carbonate of lead might be adduced as instances, amongst

many others, of insoluble yet energetic compounds, which prove the fallacy of such an opinion. He did not consider the salts of lead to be powerfully poisonous, and in this respect agreed with the Chairman. Acetate of lead was frequently administered by the physician, in doses of a grain or a grain and a half, frequently repeated; but in such cases it was given guardedly to effect a particular object. Its effects were closely watched from day to day; and, should any unfavourable symptoms ensue, its further administration would be instantly stopped; but the case was widely different when lead was administered unconsciously in small doses, mixed with the food, and repeated daily for a great length of time. Introduced into the stomach in this way, the circumstances were most favourable for promoting absorption; and as it was known to accumulate in the system, especially in the liver, its deleterious effects were frequently not experienced until the means of removing the poison were beyond our power. Even the most stable and insoluble compounds were sometimes incapable of resisting the action to which they are exposed, when introduced into the stomach under the influence of that mystic thing—life. The temperature of the body, and the contact of substances in a state of molecular change, tended greatly to promote the decomposition of such compounds. Thus sulphate of soda, which might be kept in solution in pure water without undergoing any change, is speedily decomposed, if a bit of sea-weed be introduced; the influence of molecular changes in the vegetable matter being sufficient to overcome the powerful affinities existing in the salt. If such be the case with the most stable compounds, how much more so with those which are readily susceptible of decomposition under ordinary circumstances, as Mr. Redwood had proved to be the case with sulphite of lead? He considered the experiments not only interesting but important, and he had no doubt of their correctness, as he knew that his colleague, Dr. Alfred Taylor, had obtained very similar results. Ingenious and scientific as he must admit the patented process for the purification of sugar to be, he thought, nevertheless, that it ought not, at least for the present, to be sanctioned by those to whose opinion the public looked with confidence and respect, and upon whose decision in such cases, the lives of many of our fellow-creatures may depend.—*Abridged from the Phar. Journal, November* 1.

Professor Solly, in a letter to the same journal, says "Sulphite of lead, though it may be insoluble in pure water, is nevertheless very readily acted on by various saline and acid solutions. Thus, many of the chlorides render it soluble, and it is decomposed with great facility by muriatic acid. I have found that water, which was slightly acidulated by the addition of a few drops of muriatic acid, even at common temperatures, rapidly decomposes the sulphite of lead, forming a solution of chloride of the metal.

*** We cannot but regard the above detailed experiments and observations as perfectly conclusive in the hands of Professors Redwood and Solly; the one case of the action of hydrochloric acid on sulphite of lead, proves incontestably, that the assertion "*that sulphite of lead is as harmless as chalk*," is most rash and unfounded. Free hydrochloric acid, enough to decompose and render soluble the sulphite of lead, is almost always present in every human stomach. Is not free lactic acid also frequently found in the stomach? Unless, therefore, it can be very satisfactorily shown, that the lead in the patented process is always and altogether removed from the sugar, it must, we fear, be abandoned, whatever may be the pecuniary profit it would secure to the patentees.—Ed. 'Institute.'

MEDICAL INTELLIGENCE.

MEDICAL SOCIETY OF LONDON.

Saturday, November 2nd, 1850.

Dr. J. R. Bennett, President, in the Chair.

A large portion of the evening, in accordance with the bye-laws of the society, was occupied in the discussion of new laws and the alteration of those already existing. The principal speakers were Dr. Bennett, Dr. Snow, Dr. Lankester, Dr. Routh, Mr. Headland, Dr. Crisp, Dr. Hunter Lane, Mr. Hancock, Mr. Clarke, &c., &c. The third evening of each session, it appears, is appropriated to the consideration of the laws by which the society is governed; but by a peculiar oversight, it was not deemed necessary to require previous notice from any Fellow, prior to the proposing any alteration. Dr. Snow pointed out the inconveniences attending this error, and proposed a short amendment, which was carried unanimously, to the effect that every Fellow proposing to alter the bye-laws in any way, should give a previous notice in writing, which should be suspended for — weeks in the library. Following him, Dr. Crisp proposed that the class of honorary non-paying Fellows, amounting to 89 in number, should be done away with, and that the old bye-law of the Medical Society of London, which forbade the election of any medical honorary Fellow, be re-adopted. This proposition of Dr. Crisp's excited quite a storm. Those gentlemen who were engaged in arranging the measures for the amalgamation of the two Societies, the London and the Westminster, regarded it as a breach of the fundamental regulations on which such amalgamation was based. One of the earliest resolutions agreed to was, that the honorary Fellows of the Westminster Medical Society should be admitted in the same character into the united Societies; and it was contended that the resolution just proposed would destroy that agreement, and cause the resignation of a large number of the Fellows, who would not be parties to so shameful a transaction. Dr. Crisp complained of the use of the word "shameful;" but the President of the Society decided that it was perfectly justifiable. On the resolution being put, every hand was held up against it except Dr. Crisp's, so that it may be said to have been almost unanimously rejected.

HEALTH OF LONDON

Dr. Webster, F.R.S., then read a paper on the "Health of London during the six months terminating September 28th, 1850."

Approval having been expressed of the author's previous reports, he was induced to resume so important a subject, especially as the health of London had been recently very satisfactory, compared with ordinary seasons; but still more so, when contrasted with last year. Thus, during the six months terminating the 28th of September, 22,816 persons have died in London, instead of 40,117 in the parallel season of 1849, being a diminution of 17,301 deaths, or 43·12 per cent. in favour of the present, compared with the former period. This great difference is chiefly owing to the very diminished mortality by cholera; only 96 individuals having died from that cause, instead of 13,115 during the same months of last year. Diarrhœa and dysentery have likewise proved less fatal; the deaths by those maladies being 1,459, instead of 2,946 in the same six months of 1849. Measles, scarlatina, and hooping-cough, have also prevailed less severely than previously. Besides these complaints, typhus, which, in the second and third quarters of 1849, caused death to 1,222 individuals, was fatal in only 900 during the past six months. Phthisis, pneumonia, and bronchitis also come within this category; likewise convulsions and erysipelas; 168 patients having died of the latter disease during the recent season, instead of 213 in the same six months in 1849. Notwithstanding the diminished total mortality of London during the period embraced in the author's report, several complaints have exhibited an increased fatality. Amongst those, influenza and cancer were mentioned; as also insanity, hepatitis, and ovarian dropsy. By the latter disease, 35 females are reported to have died from the 30th of March last to the 28th of September: whereas only 20 fatal cases from the same cause were met with during the parallel six months of 1849. Several maladies, on the other hand, have exhibited nearly the same rate of mortality as in the previous season. Thus, 67 persons died by Bright's disease, during the last six months, against 65 in the parallel period of 1849. From puerperal diseases, again, 200 fatal cases were recently recorded, in contradistinction to 210 during the same two quarters of last year. The author then alluded to apoplexy, hernia, and delirium tremens, by which latter serious complaint 96 persons died recently; whilst the number of deaths from the same cause, was 94 in the former year. After various remarks upon several points of much interest, Dr. Webster alluded to the great mortality among children, shown by the fact, that of the total 22,816 deaths recorded in the metropolis during the last six months, 10,242 were individuals who had not passed their 15th year. Violent deaths next occupied the author's attention: by which causes, 768 persons are reported to have lost their lives in London; thus making one case in every 30 of the whole mortality. Of these 768 specified violent deaths, 208 were produced by fractures and contusions, 155 were drowned, and 89 died from burns and scalds, besides other casualties not necessary to particularize. After discussing, at some length, the mortality met with in prisons, lunatic asylums, lying-in hospitals, workhouses, and other eleemosynary institutions, Dr. Webster passed under review the large proportion of deaths recently met with in the eleven general hospitals of London, containing 3,223 beds, in which 1,051 deaths were reported to have occurred during the six months embraced in his report; thus giving one death in every 21·75 of the total mortality, or one to nearly three beds in all these eleven charities during the past six months; the highest ratio being met with in the smallest institutions, except at the Free Hospital. Some

very curious and important deductions were drawn from the data collected by Dr. Webster and read to the society, of which it is impossible now to give any abstract sufficient to enable readers to comprehend all the questions discussed; but as the author's communication will no doubt be published *in extenso*, medical men will be able to investigate the whole subject of London hospitals, and the additional advantages they might confer upon the profession as also on the public, were some of Dr. Webster's propositions adopted; especially in reference to periodical reports. The excess of births over deaths was afterwards noticed; it amounted to 13,532 individuals during the last six months. If to these be added the 10,128 constituting the excess of births over deaths in the two quarters immediately preceding, the total increase of the population by this source would be 23,660 during the past year; which furnishes one cause, amongst others, of the constantly increasing number of inhabitants throughout this now enormous metropolis. London, in the opinion of the author, is not *per se* insalubrious; but it is the manner of life followed by those who dwell in towns, which so often proves inimical to the health of its inhabitants. The various questions bearing upon this important subject Dr. Webster discussed next, and also contrasted the rate of mortality met with in the British metropolis, as contradistinguished to that observed in other European capitals, all the facts stated proving the great superiority of the former as a salubrious place of residence; London being, in fact, more healthy than Paris, Berlin, Vienna, and even Rome, so famed as a refuge for, but often the grave of, invalids. Subsequently, the author proceeded to make a few observations on several circumstances, the judicious or improper application of which materially influences the health of individuals, and consequently of communities. These were—1. Food; 2. Clothing; 3. Habits or customs; and 4. Bodily exercise. After investigating some of the above topics, Dr. Webster animadverted strongly upon the system of tight-lacing in females, which fashion sanctions, although reason and experience condemn it, seeing it very often proves exceedingly inimical to health. Intemperance and tobacco smoking likewise received decided condemnation from the author; who further disapproved of the modern custom now rather prevalent, in the fashionable world especially, of frequently drinking tea on an empty stomach and previous to meals. If often detrimental to nervous females, this habit is even more so to children and infants, as that beverage excites and renders irritable their physical constitution, by unduly developing their cerebral structure and its functions. Hence the author considers the vegetable in question should be put in the same category as opium, tobacco, ardent spirits, or even wine; and it ought never to be allowed to any young person, unless as a medicine. After other remarks, Dr. Webster concluded his paper by alluding to the great benefits accruing to individuals from properly regulated bodily exercise, judiciously employed; he remarked, that the human frame may have both too little as well as too much exercise; on this subject, as in reference to dietary rules, the author strongly urged, that extremes should be always avoided; to these questions the well-known saying was most applicable, "*In medio tutissimus ibis.*" Dr. Webster concluded his communication by remarking that, as the physical constitution of man often wastes from the want of sufficient muscular movement, so will the nervous organisation, on other occasions, become exhausted or worn out by excessive toil, as well as from too great mental excitement.

This paper was read in abstract only, the time allotted for the meeting having almost expired when the author commenced reading.

Saturday, November 9th, 1850.

Dr. J. R. Bennett, President, in the Chair.

Dr. Grant was elected an honorary Fellow of the society.

The President announced, that at the last meeting of the Council, the portrait of Dr. Clutterbuck, painted by subscription, had been presented to the society, and consequentiy, had become its property.

Dr. Hare wished to refer to the paper read by Dr. Webster at the last meeting, but more especially to that part of the statistics where he stated, that of the smaller hospitals, the mortality was highest at University College Hospital, and lowest in the Royal Free Hospital. Dr. Webster's statistics on this point were erroneous. He said, there were only 106 beds in University College Hospital; but the fact is, there are 122, 112 of which are at present occupied. After mentioning the number of patients in the different hospitals in London on certain days, according to the printed reports of the Registrar-General, Dr. Hare stated, that Dr. Webster's statistics, in accordance with that report, were correct, but he (Dr. W.) had drawn his statistics of mortality from the number of beds in a hospital, and not from the number of patients; the beds in the Royal Free Hospital were 140 in number, but in December 31, 1849, there were only 46 patients, and in March 31, 1850, only 52. This would make a great difference in the results as regarded the statistics of hospital mortality. The mortality in hospitals must vary according to the cases admitted; medical cases were generally much more fatal than surgical, except the more serious accidents. The rate of mortality in the London Hospital, where very bad accidents were constantly admitted, was 82 per cent., while in the Fever and Small Pox Hospital, it was 302, and 304 per cent. Another circumstance that would affect the rate of mortality is, the admission of patients in a dying state; and on the other hand, their dismissal when near death. From all these circumstances, Dr. Hare was of opinion, that Dr. Webster's hospital statistics of mortality were not to be depended on.

Dr. Sibson having been connected with a hospital for fourteen years, was well aware how fallacious such statistics as those by Dr. Webster were. The fault lies in the want of organized statistical returns from all the hospitals. They should give the total number of patients admitted during the year, and the character of the diseases. We might then obtain the ratio of mortality, and probably of the success of treatment, though that was doubtful. With respect to the mortality, much depends on the class of patients admitted, and their previous condition; in one hospital the patients may be the well-fed servants of families, &c., and in another, the starved inhabitants of the worst districts. It is not fair to make a comparison respecting the mortality of hospitals: such has been the procedure of quacks of all times. To diminish the mortality of a certain institution, it is easy to dismiss patients about to die, and to retain those only who will recover. Many patients in hospitals when near death, are desirous to return home that they may expire in the bosom of their families. Thus, again, may hospital mortality be diminished. The mortality, at all events, should be estimated upon the number of patients admitted, and not on the number of beds in the wards.

Dr. Webster, in explanation, said it was difficult to get at facts. He had obtained the number of beds in some hospitals from printed reports, and in three instances in which none such existed, he had obtained the number, either by calling at the institution, or by writing to one or other of the officers. With respect to University College Hospital, he had written to one of the officers, who had assured him the number of beds was 106, and on that statement he had drawn his calculations. He had done all that he could do to obtain accuracy, and if any of his figures were erroneous, he should be happy to correct them. He had not been able to obtain the numbers of patients admitted, but would be very glad if particular statements from hospitals, of the class of diseases admitted and treated in them, were published.

Dr. Bennett stated, that such a statement had been issued by the three Royal Hospitals for some time past.

DISLOCATION OF THE DISTAL EXTREMITY OF THE GREAT TOE.

Mr. Coulson exhibited two specimens of this dislocation, and said that he wished only to draw the attention of the society to the state of the bones, cartilages and ligaments, and make little or no allusion to the enlargement of the bursa called bunion, which accompanies this displacement. In many persons the form of the foot never alters, but in a great number a deformity takes place, and the great toe becomes plaited under or over the second. As this deformity progresses, the ball of the great toe enlarges or seems to enlarge, and very shortly the deformity becomes apparent, even through a strong boot; the foot becomes daily weaker, and the person can no longer take his usual exercise. Should the deformity still progress, the change in the great toe amounts to dislocation, the internal lateral ligament gives way, the bursa enlarges, the skin inflames and even ulcerates, and the internal condyle of the metatarsal bone may be seen through.

On looking at the interior of the joint, we find, that as regards the enlargement of the metatarsal bone, it is more apparent than real; the pulley represented by the metatarsal bone is at all times but partially covered by the articular surface of the first phalanx; the inner condyle, and very often the outer also, project much beyond it, the extent of the articular surface of the first phalanx bearing no proportion to the articular surface of the metatarsal bone, but rather to the extent of motion to be performed by it. The articular surface of the metatarsal bone represents a pulley, with an elevated ridge in the centre; the axis of the metatarsal bone and the phalanges of the toes do not coincide, so that the slightest displacement of either bone causes remarkable deformity. In extreme cases, the articular surface of the first phalanx no longer coincides with the pulley intended to support it, but rests mainly on its outer portion; the synovial membrane breaks up, and, in a great degree, disappears. The cartilages become thinner, and

gradually disappear; lastly, the extremities of both bones, which were encrusted with cartilages, acquire an ivory surface. Two specimens were shown, one taken from a man whom Mr. C. had not known before death, the other from a man whom he had known for some time. In the first, the distal extremity of the metatarsal bone projected inwards, and the phalanges were turned outward, but not to so great an extent as in the other preparation; this was taken from a person whom he had known some years, and whose power of walking was much impaired. The internal lateral ligaments, in both cases, were thin, and spread out over the projecting condyles. Mr. Coulson then laid open the joints, and in both, the cartilages were beginning to be absorbed on the part of the metatarsal bone from which the phalanx had been dislocated.

It is now generally admitted that the wearing of shoes has nothing to do with this deformity.* What then is the producing cause? Why should the first and second phalanges of the great toe turn to those of the other toes, in preference, as it were, to following the movements of the bone which supports it? It has been said that the inner plantar ligament is pressed upon by a projection downwards of the head of the astragalus, and, as a consequence, that the ligaments of the toes generally become weak, especially those of the great toe, and that this toe is gradually forced outwards by the oblique bearing of the foot on its inner plantar surface. Admitting that the inner plantar ligament (the calcaneo-scaphoid) which is not a ligament, but an elastic tissue of great power, is pressed down in this way, it would be difficult to see why, as a consequence, the ligaments of the toes should also yield. If, on the other hand, we look at the vast muscular and ligamentous apparatus connected with the sole of the foot, for the express purpose of strengthening the anterior part of the metatarsal region, and of maintaining these bones in their due proximity, and so preventing their separation during the violent efforts which the foot is often called on to make, and of sustaining during life the weight of the body and its burdens; we shall see, in the physiology of this apparatus, the solution of the pathology of this deformity; the muscular forces acting through the tendons on the great toe itself, and the metatarsal bone supporting it are not the same; the longer tendons, the extensor longus and flexor longus, have all a tendency in their respective actions to carry the toes outwards and upwards, and outwards and downwards, as the case may be; or, on the other hand, the oblique abductor and the transversus pedis, and even the flexor brevis pollicis have by their connexion with the sesamoid bones and the ligamentous apparatus surrounding the joint, a direct influence over the metatarsal bone, and especially over its distal extremity. Now when, by causes which vary in different individuals, being congenital in some or occurring in early life, and in others the result of too much exertion or natural decay, the muscular system which has been referred to gradually yields; the transverse and oblique muscles lose their energy like the other muscles of the whole body, the distal end of the metatarsal bone is no longer held in proximity to the others; the foot spreads and becomes deformed, the inner condyle projects inwards, and the phalanges of the great toe itself, acted upon by the long flexor and extensors, are carried outwards; thus the deformity or dislocation which has been brought before the society to-night is produced.

* Mr. Walton informed Mr. C. that the greatest deformity of this kind which he (Mr. Walton) had ever seen, was in a Mulatto, who had never worn shoes; and Dr. Knox, in an able paper in the *Medical Gazette* of 1842, has fully disproved this opinion.

ON THE TREATMENT OF OVARIAN DROPSY, BY THE PRODUCTION OF AN ARTIFICIAL OVIDUCT.

Mr. J. Brown read a paper on the treatment of ovarian dropsy by the production of an artificial oviduct. The author of this paper took occasion at the outset to correct any erroneous notion that might arise, that this operation is to set aside the treatment by pressure, so long advocated by him, and of the utility of which he was every day becoming more convinced. The plan he at present proposed was a modification of an operation, twice performed by Mr. Bainbridge, of Liverpool, as reported in the *Provincial Medical Journal*. Mr. Bainbridge made an incision into the ovarian sac in the median line, and there formed a fistulous opening through which the sac might suppurate away. The position of the opening necessitated the maintenance of the prone position for a considerable period, and was so far very inconvenient. This, it occurred to Mr. Brown, might be avoided by making the incision lateral, about the semilunar line. In a case which occurred to him soon after this plan of operating had presented itself to his mind, it was successfully resorted to, although the patient subsequently sank from the existence of severe organic disease, especially of the heart. But to describe the operation more in detail, as given by Mr. Brown;—an oblique incision, about two inches in length, is made down to the peritoneum, extending over the middle third of a line drawn between the umbilicus and the anterior superior iliac spine; a trocar is then introduced, and the cyst emptied; the peritoneum being then divided and reflected, the sac is next stitched by several sutures to the aponeurotic tendon of the external oblique muscle of the abdomen. This being done, the wall of the cyst itself is divided, midway between the opposite lines of the sutures; and, lastly, a pledget of lint is introduced within the wound to keep it open. Mr. Brown, in his first operation, made a second shorter incision, at nearly right angles to the oblique one described, but his subsequent experience led him to recommend the single oblique incision as sufficient. The first case was of long standing and multilocular, with adhesions, forbidding the operation of ovariotomy, whilst the debilitated and diseased condition of the patient, contra-indicated the application of pressure. This patient, having progressed favourably for the first five days, afterwards receded in health, and sank a month from the date of the operation, worn out chiefly by the disease of the heart, which had during life, been diagnosed by Dr. Sibson, from the frequent faintings and dyspnœa which she suffered. The notes of the autopsy stated the diaphragm to be pushed up by the enlarged liver, to a level with the third rib, whilst the base of the heart reached to between the first and second ribs. The lungs were, moreover, adherent pretty generally to the pleuræ; the left lung was congested and partly puckered up, containing but little air. In the second illustrative case mentioned by Mr. Brown, the patient had multilocular disease with adhesions, which, from the history, appeared to be of old date. An apparently solid tumour existed in the cyst, which could be felt when the operation was performed, through the opening. At the close of the first fortnight from the date of operating, which had passed over satisfactorily, the patient, besides getting a severe cold, had a considerable portion of the discharge, which should have escaped, retained in a compartment of the sac, which had been formed by adhesions set up between the enclosed solid tumour and the cyst-wall, cutting off communication with the external opening. These adhesions having been broken down, and the sac allowed to empty itself, the progress of the patient became again favourable, save only that she suffered from frequent bilious vomiting, attended with much prostration. At the end of May, the operation having been performed on the 18th of April, she had so far regained her health and strength as to be able to go out, and take walking exercise almost daily. In July the great cyst was extruded through the wound, and came away in a decomposed state. From this time the discharge became trifling, and it was only by the careful and daily introduction of fresh pledgets of lint that the wound could be kept open. In August, a general breaking up of the patient's health became evident; she had incessant vomiting for three or four days, and partial paralysis of the left side. Little relief could be afforded; and, after lying in a comatose condition for three or four days, she sank, apparently from exhaustion. At the *post-mortem* examination, a cyst, which would contain an orange, was found occupying the right ovary, partly filled with pus, some of which had, however, escaped through a laceration (made in the examination) in the posterior, soft, and disorganised wall of the cyst. No signs of peritonitis existed; but the sac had contracted adhesions in the whole region round the incision, which, with the fistulous canal was in a healthy state. In this instance, the operation was pronounced successful by Mr. Ferguson, Mr. Ure, and other medical gentlemen who saw the patient; Mr. Brown attributed the fatal result to the previously debilitated constitution of the patient, and co-existing functional disorder, and organic disease. Mr. Brown's third case adduced, was unfortunate, so far as the final result was concerned, although the operation, per se, might be called successful. It was an instance of severe multilocular disease, and held out little encouragement for operating, owing to the weak state of the patient. The patient died about a month after the operation, exhausted by the discharge. The *post-mortem* examination proved the severe nature of the disease; the cyst was adherent on its right side, by firm adhesions, and, in attempting to rupture them, the cyst itself was torn, and discharged purulent matter. The sac was also found to be made up of numerous smaller ones, and a small cyst occupied the other ovary. Mr. Brown believed that the patient would not have long survived, even if no operation had been tried.

At the conclusion of his valuable paper, Mr. Brown gave some general practical deductions, viz.:—

1. That the operation by pressure, as advocated by him, is applicable as a remedy in certain cases of ovarian dropsy; for example, where the disease is unilocular, without adhesions, and

the fluid contents of the cyst are clear and not albuminous—time, and the condition of the patient otherwise, not contra-indicating.

2. That pressure will relieve and retard ovarian disease, even when it is multilocular, and adhesions exist.

3. That, where pressure has failed, or is contra-indicated, and the cyst or cysts are without adhesions, extirpation is a remedy which may be adopted; but, before doing so, except in rare cases, pressure should have a trial.

4. That where the extent and character of the adhesions are such as to forbid extirpation, and pressure has failed, or is inapplicable, from any cause, the lateral operation described affords a ready and promising means of cure.

5. That this mode of operating is attended with but slight danger, besides being easy of execution. In support of his position, that the danger is small, Mr. Brown stated that, in the many operations in which he had had occasion to cut through the peritoneum, no untoward result had followed.

Mr. Hird, in commenting on Mr. Brown's paper, remarked that the operation had been practised in three cases, all of which had terminated fatally. The first case was considered at first to be one of unilocular disease; but was soon afterwards discovered to be multilocular. A consultation was held, and it was determined to operate. When the patient died, there was found old standing disease of several internal organs. Now, he would ask, if it were possible to diagnose so correctly the condition of the ovary, as to ascertain the existence of multilocular disease, could they not equally well have discovered the state of the heart, lungs, and kidneys? What would be said of a surgeon who should operate for popliteal aneurism with existing disease of the aorta? It would be said he should not have operated without a previous consultation with a physician. Here, however, the consultation had been held, and yet the operation was performed. The appearances found in the internal organs, are the results which usually follow the opening of any large cyst, and yet, because they did not show themselves for two or three weeks after the operation, it is assumed that the latter was in reality successful, and the patient died from old standing internal disease, unconnected with the operation. With respect to the other two cases, in one life was protracted longer, but the symptoms that presented themselves were precisely those that would be expected in a system broken down by disease. It was singular that Mr. Bainbridge, who first performed the operation of which Mr. Brown's is said to be a modification, has had only fatal cases. These results suggest the question whether it be expedient to operate at all. It is stated by some that excision is a valuable operation, and may be practised with advantage. From the cases already on record, and from those that have not been published, but still are well known to the profession, Mr. Hird asserted that the success of extirpation is very uncertain, and it ought never to be undertaken. Mr. Brown some time back recommended the employment of pressure in these cases; this had attracted his attention, as it may be employed with but little danger, and may be successful. He (Mr. H.) had paid some attention to the comparative number of patients suffering from this disease, and he believed that those patients survived the longest, on whom no operation was performed, but who were subjected solely to constitutional treatment, and were carefully attended to. They had at all events a much better chance, than those who were operated on.

Mr. Wade, a few years back, was present at two operations for the removal of tumours, supposed to be ovarian. One of these was interesting, as showing the difficulty of diagnosis as to the existence of the disease and its character, whether unilocular or multilocular. The patient was a woman of the middle age, who had a very painful tumour in the abdomen, which from its history and appearance, was thought to be ovarian. The operation was determined on, and commenced; the incisions were made and the abdominal cavity laid open, and it was then found to be a large fibrous tumour of the uterus. This was removed after a ligature had been thrown round the pedicle. The operation was performed on a Wednesday; the patient went on well until Friday afternoon, without any signs of peritonitis, when suddenly symptoms of prostration set in without any evident cause, and the patient sunk, it was supposed, from the giving way of some vessel internally, causing fatal hæmorrhage. On examination of the body after death, the marks of peritonitis were very slight indeed, but it was found that a portion of the ileum which was in contact with the sloughing pedicle of the tumour, had taken on the same action, and was in a sloughing condition. In the second case, the operator being the same as in the preceding, when the incisions had been made, the adhesions were found to be so extensive that the extirpation could not be proceeded with, and it was necessary to close the wound. Not a bad symptom followed this, tending to shew that there is not much danger of inflammation afterwards. He (Mr. Wade) had seen something of the consequences of injecting ovarian cysts, which had been practised by Mr. Brown, and he strongly objected to it. In one case, in which a solution of chloride of lime had been so used, violent inflammation set in, and the patient died in a week. He (Mr. W.) fully agreed in opinion with Mr. Hird; constitutional treatment alone should be employed; leeches, &c. being used if inflammation should occur. Under such management as this, patients may go on for a length of time. He thought the operation by Jeaffreson, of Framlingham, the most simple of all. On tapping the cyst, it protruded a little; he then enlarged the incision, drew it out and removed it. Such an operation is only applicable to unilocular cysts. It had been repeated since by Mr. King, of Saxmundham.

Dr. Snow could not admit with the author of the paper, that when patients die within a month or two of the operation, it could still be considered successful, even if there were disease in other organs. He had been present at four operations, and none of those operated on were now living. Certainly, in two or three of these cases, the patients could not have lived long, even if the operation had not been performed. The results of his experience would not encourage the repetition of the operation.

Dr. Tilt thought that, in Mr. Brown's cases, the operation was decidedly instrumental in causing the deaths. The question before the society was not, what should be the treatment of ovarian dropsy, but should Mr. Brown's operation be performed? He thought it should not. He thought that either too much or too little was done in it;—too much, inasmuch as an opening was made into a large and important cyst, into which air was constantly admitted, inducing a fœtid condition of the fluid secreted, and in one case at least inflammation and ulceration of the cyst, which, although not absolutely the cause of death, yet would have destroyed life in a day or two more, had the patient's existence been so far prolonged. The operation did too little; because it fell short of the total removal of the disease. When ovariotomy is practised, the whole diseased growth is taken away, and there is then a chance of curing the patient. The third case was not at all fitted for this operation; if admissible at all, it is only in cases of unilocular cysts, for in multilocular tumours, when one cyst has thus been closed, the others still remain to be cured. The operation in that case seems to have been performed for the mere pleasure of operating. Mr. Brown did not seem to have been aware that all Mr. Bainbridge's cases had ended fatally. He should, however, have communicated with him, and have ascertained the results.

Dr. Pettigrew conceived that when patients laboured under a disease that must end fatally, surgeons were justified in trying anything that offered a prospect of removing that disease. Ovariotomy, in his opinion, was a more justifiable operation than the removal of a cancerous testicle or breast. Mr. Brown had not described his cases as successful, and he deserved great credit for his moral courage in bringing them forward. As far as he had observed, no operation had been so successful as ovariotomy; nevertheless, they were much indebted to those who sought to simplify this dreadful operation. The result, though fatal to a few, may prove beneficial to the million. He (Dr. P.) had assisted Mr. Lane in nine operations; five were successful; the sixth was fatal on the second day. The tumour in that case was of immense size, and the adhesions most extensive, so that it required great moral courage to complete it. In three cases an exploratory incision was made from the ensiform cartilage to the pubes; and, adhesions preventing the removal of the tumour, the wounds were closed, and the patients recovered without a bad symptom, and without any sign of peritonitis occurring. A large incision may be made in the peritoneum with less danger than a small puncture. Two of these cases are now living; one was found dead in bed. Of the five successful cases, four are now living; one died a twelvemonth afterwards of lung disease. He (Dr. P) considered that these cases justified the performance of the operation. Patients do not always die from the disease. Inflammation sometimes takes place in the cyst; in one instance inflammation and adhesion of the cyst to the bladder occurred, ulceration followed, and its contents were discharged through that viscus. The discharge gradually ceased, and the patient got well. In another case under his own care, signs of suppuration took place, and he could distinctly perceive a bulging in the vagina. He punctured it with a long trocar through the vaginal parietes, and pus followed. He then incised it with a bistoury, and drew off two pints of pus. A discharge followed through the vagina for some time, then ceased, and the patient recovered. He had no doubt that the operation might be simplified. In hydrocele, however large, he cut out an elliptical portion of the tunica vaginalis, and then laid a piece of dry lint on it. He thought a similar proceeding might be

adopted with ovarian dropsy, but the difficulty lay in the diagnosis. It is impossible to be certain whether the disease is unilocular or multilocular; whether the contents are fluid or solid.

Mr. Shearly, in illustrating the difficulty of diagnosis, stated that when he was an apprentice, a woman with a large abdominal tumour, was diagnosed by Dr. Croft, as labouring under ovarian disease. She died soon afterwards, and the tumour proved to be an immense hydatid of the liver.

Dr. Murphy said there were two questions involved in the present inquiry—whether it was advisable to leave such cases alone, or to operate. He had no faith in medical statistics, but would leave such a question to be decided by the experience of those who have had most to do with the operation. He believed that was in favour of not operating. If it be decided to operate, he would then be anxious to have a principle how to act. He could easily understand the emptying a cyst, and then by pressure endeavouring to prevent the re-secretion of the fluid, in cases of simple cyst, and that thus a cure might be effected, at least, for a time. Nevertheless, this has not always succeeded. But the question is, how to deal with the multilocular tumours, consisting of several cysts, differing in structure. He could not understand the opening of one of these, and keeping it open, thus incurring the risk of inflammation and peritonitis. Mr. Brown's cases were against him; they were not adapted for such an operation. He (Dr. M.) would wish to have the *rationale* of the operation. The patient was exposed to very great risk, and yet the disease was not removed ; even if the patient recovered from the operation, the disease was not cured, for other cysts remained behind. There is, then, only the alternative of removing the fluid and employing pressure, or the entire extirpation of the diseased ovary. The latter is a bold and formidable operation, but it entirely removes the disease.*

Mr. Nunn remarked, that these operations were principally performed in private houses, so that peritonitis need scarcely be dreaded. It was to be feared chiefly in crowded, and ill-ventilated hospitals. With respect to diagnosis, he believed the disease was generally multilocular. It might be unilocular at first, but the tendency to disease being set up, additional cysts are soon formed. He thought the rationale of Mr. Brown's operation very evident; it consisted in furnishing a persistent external opening, by which the contents of the tumour may be constantly discharged.

Mr. Clarke spoke in high terms of Mr. Brown's conduct in making known his unsuccessful cases. It would be better if such conduct were more generally followed.

Mr. Chippendale thought the efforts of the profession should be directed to inquire into the cause of failure. The tumours are lined with a serous membrane, and generally contain from seven to eight pints of fluid. The danger in opening such tumours is in direct proportion to their size ; the larger the tumour the greater the danger. They may be opened with comparatively little risk if closed again instantly, but in this operation they are kept open. In the ordinary serous membranes, there are two actions going on, secretion and absorption, the latter counterbalancing the former; such is not the case in these cysts. There was not any peritoneal inflammation in Mr. Brown's cases, because the lips of the wound were united to the cyst by the effusion of lymph, which prevented the spread of inflammatory action. When large cysts are opened and kept patent, they do not collapse nor secrete serum, but purulent fluid. There is then a large extent of serous membrane exposed to the air, secreting fœtid pus, which is absorbed into the system, and causes death. The fœtor of the pus, when the cyst is first opened, is not from its unhealthiness, but because all pus in tumours near the rectum is fœtid.

Dr. Knox commented, we believe, on the remarks of the previous speakers, but he spoke in so low a tone, we could scarcely catch a word he said.

Mr. Brown in reply, contended that this operation, although it had not saved the lives of those operated on, yet was good in principle, and would ultimately be successful; it must be done early. All Mr. Bainbridge's cases were not fatal; one published by him in the 'Provincial Medical Journal,' had succeeded; and there were several cases recorded, in which the cyst had burst and discharged its contents, the patients recovering. With respect to the diagnosis, he had read a paper on that subject last year, and had since obtained additional signs, which he would make known. He had also decided against injecting the cysts; it was injurious. The opening he had made, he had since had reason to think too large; he should employ a smaller one in future.

* And the patient also, in the majority of instances.—Rep.

REPORT OF THE SYDENHAM SOCIETY,

FOR THE EIGHTH YEAR.

A period of seven years having elapsed since the institution of the Sydenham Society in May, 1843, it has appeared to the Council desirable to review the operations of the Society from the commencement, and to place before the members such a statement as shall enable them to judge how far the expectations which they were led to entertain have been fulfilled, and to what extent the main objects of the Society have been attained.

The purpose for which the Society was instituted is stated in the first of its fundamental laws to be, for "meeting certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals." The number of members entered on the Society's books is the measure of the extent to which this diffusion of medical literature has been effected. From this it appears that the Society's publications have been distributed among 2543 members of the profession. The success which had attended the Camden, Parker, and other similar Societies, instituted before the Sydenham, left, indeed, litle room for doubting that the adoption of the same means for diffusing medical literature, would be attended by corresponding success. And if the operations of this society be regarded merely in a mercantile point of view, it must be admitted that they have been abundantly successful. Those who have been members of the Society from the beginning, have now received, for their seven annual subscriptions of 1*l.* 1s., twenty-three octavo volumes, which have been got up in excellent style; the paper, printing, and binding being the best that could be obtained without entailing any extravagant expenditure. Each volume has on an average 475 pages; the whole twenty-three volumes comprising 11,000 very full pages of letter-press, and twenty-six illustrative plates. This, it will be found, is as much, if not more matter than other similar societies, with a far greater number of members, have been able to issue. The ordinary publishing price of the Sydenham Society's works would probably be about 16*l.* or 17*l.* It is, therefore, scarcely necessary to adduce further proof of the mercantile success of the society. It may, however, be mentioned, that the Sydenham Society's books are eagerly sought after in the second-hand book market, where a few copies have found their way, chiefly through the death of members, and have always fetched good prices.

The general character of the publications which it was intended that the Society should issue, are described in the second fundamental law, under the following heads:—

I. "*Reprints of standard English Works.*"—Of the more important of these works, which, in the judgment of the Council, it was most desirable should be more widely circulated among the members of the profession, the followlng have been issued:—the entire works of Sydenham, Harvey, and Hewson. The permanent value of the writings of such men is unquestionable; and their wider distribution, in a more complete and available form, cannot but prove advantageous to the profession.

II. "*Miscellaneous Selections from the Ancient and from the earlier Modern Authors.*"—To this head may be referred the following publications: 'Observations on Aneurism,' 'Memoirs of the French Academy of Surgery,' and the 'Essays on Diseases peculiar to Women.' Each of these volumes contains valuable practical treatises, which, for the most part, were inaccessible, except to those who had ready access to large public libraries.

III. "*Digests of the Works of old and voluminous Authors, British and Foreign.*"—Of works falling under this division, none have hitherto been issued; not because the Council have hesitated as to the feasibility or desirableness of carrying out this part of the scheme, but because it was thought desirable to give precedence to other parts of the general plan, and also because it presented special difficulties.

IV. "*Translations of the Greek and Latin Medical Authors, and of Works in the Arabic and other Eastern Tongues.*"—Of these, there have been issued the 'Seven Books of Paulus Ægineta,' the 'Genuine Works of Hippocrates,' and the 'Treatise of Rhazes on the Small Pox,' &c. Apart from all consideration of the admitted intrinsic value of the Hippocratic writings, it appeared to the Council incumbent on them to make the resources of the society available for supplying a glaring deficiency in British medical literature, viz., the absence of a complete English edition of the genuine works of the Father of Medicine. So far as the Council have been able to judge, no work has proved more generally acceptable to the members, or is more calculated to raise the character of British medical literature, and confer lasting benefit on the profession than Dr. Adams's edition

of the 'Genuine Works of Hippocrates." Of the other works under this head, the Writings of Paulus, and the Treatise of Rhazes, it is sufficient to say that, both in this country and on the continent, they have received the unqualified approbation of the best judges. And the Council may perhaps be allowed to remark, that the very work, respecting the selection of which some doubts, at the time, were expressed, viz., 'Paulus Ægineta,' they have subsequently had to purchase in the market in order to supply the demand for it by new members. The frequent references that have been made to this work since its publication by this Society, prove that the Council rightly estimated its value as a most complete repertory of the medical knowledge possessed by the ancients.

V. "*Translation of recent Foreign Works of Merit.*"—Nine of the twenty-three volumes already issued are referrible to this head: viz., Hecker's 'Epidemics of the Middle Ages;' 'Louis on Phthisis;' Simon's 'Animal Chemistry;' Hasse's 'Pathology;' Dupuytren's 'Lectures;' 'The Microscopical Researches of Schwann and Schleiden;' Feuchtersleben's 'Medical Psychology;' and the 'Pathological Anatomy of Rokitansky.' The number of volumes of this class, therefore, considerably exceeds that of any other. And to this fact the Council would direct especial attention, as affording, in their estimation, a sufficient reply to the objection which has frequently been urged, that there had not been a due proportion of works of a decided practical character. With the exception of Hecker's 'Epidemics,' and the Researches of Schwann and Schleiden, all the works under this head must be considered as falling strictly within the denomination of practical works. All are works whose value was admitted, and whose reputation was established, but which, nevertheless, would, in all probability, never have acquired any extensive circulation in this country without the aid of this Society. It was certainly never intended that the Society should supply its members either with class-books and annuals, or with new works on practical medicine, the real worth and soundness of which had not been tested by time and experience. Nor is such a society as the Sydenham wanted to ensure for works of a higher order, and emanating from unquestionable sources, a circulation proportionate to their merit. Moreover, works of this class are not easily to be obtained. They are of rare occurrence, more rare than many imagine, even though the search be not confined to one country or language. Such works as Rokitansky's 'Pathological Anatomy,' the 'Microscopical Researches of Schwann,' and Simon's 'Animal Chemistry,' rich in sound information in those departments of medical science which constitute the basis on which all true practical knowledge must be founded, the Council cannot but think are, among modern works, pre-eminently those most deserving the attention of the members.

VI. "*Original works of merit, which might prove valuable as books of reference, but which would not otherwise be published, from the slender chance of their meeting with a remunerative sale, such as Bibliographical, Alphabetical, and digested Indices to voluminous periodical publications.*"—It may, perhaps, be thought that the Council are justly chargeable with the neglect of this important part of the original scheme, inasmuch as they have hitherto issued no work that can be referred to this division. But, in reality, more time and labour, and anxious attention have been devoted to this than to any other subject.

The Third Annual Report of the Society contains a Report of a Sub-Committee of the Council, specially appointed to consider on the best plan for a Medical Bibliography, together with a general scheme for such a work. That scheme having been submitted to every member for his consideration and sanction, and its main features having met with very general approval, it has continued to receive the unremitting attention of the Council. They have, from time to time, reported the progress that has been made in the arrangements for carrying out so vast an undertaking. These arrangements have, for some time, been so far completed, as to leave no room for doubt that, if the Society continues to receive the support of the profession, it will be the means of supplying to medical literature a desideratum long felt and acknowledged, and a work that must prove of lasting national value. It would be quite impossible, within the limits of a review like the present, to enter into the details of the arrangements for a work, of the magnitude and importance of which none can form an adequate idea who have not given to the subject considerable attention. Suffice it to say, that the work will not be a mere dry catalogue of books; but, whilst indicating every source whence information on any branch of medical knowledge may be obtained, it will give such historical and biographical notices, as will make the work of interest and value even to those who may not use it for the ordinary purposes of a bibliography. The Council have already secured the means for supplying, in a complete form, the Medical Bibliography of all countries, from the earliest period down to the revival of letters in the sixteenth century, and the entire Medical Bibliography of this country, down to the close of the last century. And they have entered into engagements with the gentlemen who have undertaken these portions of the Bibliography, by which the Society is pledged to carry on the work.

In the brief review thus taken of the operations of the Society from its commencement, it has been attempted to compare what has actually been done, with what, by the fundamental laws, the Council are bound to aim at accomplishing; for they have at all times felt that, however much it might be their duty to study the wishes and requirements of the members, it was their first and paramount duty to keep steadily in view the grand objects for which the Society was instituted, as set forth in the laws by which they were to be guided. And whilst they have sought to avoid even the appearance of courting a favourable criticism of their labours, they have not considered themselves called on to justify their acts, except to their constituents. Yet are they anxious to prove that, whilst adhering to the laws laid down for them, they have, in the exercise of the general discretion granted them, endeavoured to study the best interests of the profession at large. For, without reference to the "lex scripta," it may be admitted, that the grand object for which the Society was instituted was, in general terms, the diffusion of sound medical literature, with a view to improve the taste and elevate the literary character of the profession; and the Council are desirous that the operations of the Society should be tested by this standard. If it be said that it is desirable to put into the hands of the members works of a high scientific character, they refer to Hewson's Works, to Simon's Chemistry, and to Schwann and Schleiden's Microscopical Researches. If it be the writings of accurate and trustworthy observers of disease that are called for, they adduce those of Hippocrates, Sydenham, and Louis. If it be works of standard authority for reference in the every-day studies of the profession that are needed, they refer to Hasse, Rokitansky, Feuchtersleben, Dupuytren, and the Essays on Diseases of Women; whilst, to meet the requirements of the scholar, or of those who take an interest in the classical literature of the profession, they have supplied the works of Paulus, Rhazes, Harvey, and Hecker.

From this statement may be gathered the general views by which the Council have hitherto been actuated in the discharge of the duties confided to them. By the judgment which the members may pronounce on their past proceedings, the Council must be determined as to their future course. To a certain extent, indeed, the future operations of the Society are determined by the engagements into which the Council have already entered. In addition to the Bibliography, the following works are in preparation, some of which are ready for the press;

I. The remaining portions of Rokitansky's Pathological Anatomy, now the only one of the Society's publications which is not completed.
II. A volume on Epidemic Catarrh.
III. The writings of Unzer and Prochaska on the Nervous System.
IV. A further Selection from the Works of Dupuytren.
V. A volume to comprise the most important Writings of the earlier British Physiologists; and,

Lastly, during the past year, the Council have made arrangements for an edition of Hunter's Plates of the Gravid Uterus.

It will at once be seen that these engagements can only be fulfilled by the hearty and zealous co-operation of every Member, in striving to make the Society more generally known; and thus, not merely to keep up, but augment its numbers. The Council are especially anxious that nothing should interfere with the execution of at least that portion of the bibliographical scheme for which the arrangements are already completed. On this point they are quite aware, that a large proportion of the Members feel with them, that a complete Medical Bibliography would be a work justly claiming the title of National, and one for which the profession, not of Great Britain alone, but throughout the world, would be under lasting obligations to the Sydenham Society. Let it not be said, that, with the aid of such a Society as this, the profession failed to carry out so important an object. The past success of the Society forbids, however, any serious doubts that it will both attain this object, and fulfil all that was originally contemplated.

COMMISSION SIGNED BY THE LORD LIEUTENANT OF THE COUNTY OF GLAMORGAN.—James Bird, Esq., to be Surgeon, *vice* Richard Reece, Esq., deceased.

The Public Health.—The increase of mortality, noticed in the previous week, is still apparent to nearly the same extent in the week ending last Saturday. The deaths registered in the metropolitan districts, which, in the two preceding weeks, were respectively 845 and 945, numbered last week 921. In the corresponding weeks of the ten years 1840-9 the average was 963, which, if raised in the ratio of supposed increase of population, becomes 1,051, and shows a difference in favour of last week to the amount of 130. The mortality from pneumonia (or inflammation of the lungs) and asthma nearly equals the average, while that from bronchitis exceeds it; and though the deaths from all diseases are diminished, as compared with last week's return, those from that class of complaints of which the above are the most important, have increased; for, in the preceding week, the deaths from diseases of the respiratory organs were 138—last week they were 171. But it will be seen that phthisis (or consumption), which has this year been less fatal than usual, is not included in this observation; for, while in the previous week it was fatal in 112 cases, last week there were only 93—a considerably less number than in any of the ten corresponding weeks in 1840-9, when they ranged between 107 and 138. The present time seems to be unfavourable to the health of the aged, but more propitious to the young. Eleven children died of small-pox, besides a man who had nearly attained the age of 60; 22 of measles, 23 of hooping-cough, 33 of scarlatina, and 7 of croup. Fever is now the epidemic which is most productive of fatal results; last week, 55 persons, of whom, about a half were of middle age, were its victims. In connexion with various deaths from fever, the registrars draw attention to local nuisances; but the following case, which occurred in Wild-passage, St. Giles's, is especially worthy of notice:—The child of a labourer died there on the 3rd of this month from typhus, making the third death which, according to the statement of the mother, has taken place among her children, in the same house, within six months. In the dwelling (added the informant), there is a constant and intolerable smell from the drains. The death of a boy, aged 22 months, is registered as caused by "typhus, loss of blood from the throat by leeches." Fatal cases of diarrhœa and dysentery do not exceed 20; and the following is the only instance in which cholera is mentioned:—At 6, Pitt-street, St. George's-road, the son of a shoemaker, aged 10 months, died of "fever (2 days), infantile cholera (12 hours)." The deaths of three persons are ascribed, directly or indirectly, to intemperance; and that of a woman in Jenning's-buildings, Kensington, to want and exposure.

The births of 851 boys and 726 girls were registered in the week.

At the Royal Observatory, Greenwich, the mean reading of the barometer on Saturday was 30.194 inches; the mean of the week was 29.941 inches. The mean daily temperature varied little during the week, and was throughout higher than the average of each day. The mean of the week was 50.2°, which is about 4° higher than the average of the same week derived from the observations of seven years. The wind was generally in the south-west.

The following selections are made from the registrars' reports:—

In Fulham sub-district, at Goldring's-yard, Stanley-bridge, on the 8th of November, the wife of a labourer, aged 30, died of "fever; typhus (1 month)." Mr. Knight, the registrar, makes the following observation:—"This is a yard of small and dirty cottages; the drainage very defective, and whenever the place must be cleansed, a large hole is dug in the yard, and the soil is deposited therein, so that the yard is completely saturated for some depth with nightsoil. It is altogether one of the worst drained neighbourhoods in this district."

In Islington (East sub-district), in Highbury-vale, at 2 Myrtle-street, on the 2nd of November, a laundress, aged 16 years, died of "continued fever." Mr. Butterfield adds:—"The open sewer, which I have so often reported, runs across the bottom of the garden belonging to this house."

In St. Giles-in-the-Fields (South sub-district), at 2, Wild-passage, on the 3rd of November, the daughter of a labourer, aged 11 months, died of "typhus fever (9 days)." The mother of the child (says Mr. Faulkner) states that this is the third child she has lost in six months in this house, in which there is constantly an intolerable smell from the drains, &c.

In Haggerstone West, at 3, Byng's-buildings, Hoxton, on the 7th of November, the daughter of a labourer, aged 7 months, died of "variola (2 weeks); vaccinated three weeks ago, effectually as believed." Mr. Bowring reports that "this is a close confined place, and without drainage; the houses are very small and dirty."

In St. George's-in-the-East, St. Paul, at 13, Buross-street, on the 3rd of November, the son of a mariner, aged 2 years, died of "measles, (9 days), bronchitis (3 days)." "The third death in 10 days in the same family." Also at 13, Perseverance-place, on the 5th of November, the daughter of a lighterman, aged 2 years, "bronchitis (20 days)." Mr. Chatwood adds, that "this is the second death in the house within seven days. The place is close, confined, and densely inhabited."

In Peckham, at 6, New-road, Commercial-road, on the 6th of November, the daughter of a lathrender, aged 5 years, died of "scarlet fever, malignant; congestion of the lungs (3 weeks)." "This death (says Mr. Clark) occurred in the same family as that from English cholera registered the previous week. The mother thinks that the child caught the fever at school."

The following occurred in various parts:—

The daughter of a labourer, aged 3 weeks, died of "purpura hæmorrhagica (17 days), icterus from birth, obstructed ductus hepaticus from two bodies like enlarged mesenteric glands."—*Post mortem.*

The daughter of a horsekeeper, aged 11 months, died of "erythema nodosum and enlarged spleen (weakly from birth)."—*Post mortem.*

The daughter of a printer, aged 11 years, died of "fungus oculi, chronic hydrocephalus."

The daughter of a blacksmith, aged 2 years, died of "purpura hæmorrhagica (14 days), hæmorrhage from sloughing of gums and lips (5 days)."—*From the Weekly Return of the Registrar General.*

1850.

UNIVERSITY OF LONDON.

Second Examination for Bachelor of Medicine.

FIRST DIVISION.

Bristowe, John Syer, St. Thomas's Hospital.
Growse, Robert, Guy's Hospital.
Hewitt, William Morse Graily, University College.
Lewis, Robert Benson, Leeds School of Medicine.
Manley, Edmund, Royal Manchester School of Medicine.
Salter, Henry Hyde, King's College.
Shearman, Charles James, University College.
Thornton, William Henry, Royal Manchester School of Medicine.

SECOND DIVISION.

Filliter, William, University College.
Heale, James Newton, St. Thomas's Hospital.
Jones, James, Royal College of Surgeons of Ireland.
Robertson, James, St. Thomas's Hospital.

Dr. Henry Davies.—A numerous meeting of the friends of this gentleman took place at the Hanover-square Rooms, on the 11th instant, to present him, on the occasion of his leaving town, with an Address, expressive of their high estimate of his professional talents, honourable deportment, and private character; concluding with their ardent wish that his absence, rendered at present necessary by the state of his health, might be but temporary. Sir Charles Mansfield Clarke, Bart., kindly came to town to take the chair; and was supported by Sir Charles Forbes, Drs. Locock, Bright, Lee, Cape, Clarke, MacIntyre, Merriman; Messrs. Guthrie, Pilcher, Blagden, Fuller, Hutchins, Propert, Bowling, Squibb, and several others of Dr. Davies's old and attached friends.

BOOKS RECEIVED FOR REVIEW.

On the Food of Infancy and Childhood. By Herbert Barker, M.D., of Bedford.

On the Domestic Management and Diseases of Advanced Life. By George E. Day, M.D.

The Philosophy of Spirits in Relation to Matter. By C. M. Burnett, M.D.

TO CORRESPONDENTS.

Communications are thankfully acknowledged from—

P. P.
Theophilus Probe.
Robert Dunn, Esq.
Dr. Gardner.

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THE INSTITUTE.

A JOURNAL OF MEDICAL, SURGICAL AND OBSTETRICAL SCIENCE AND PRACTICE, AND PHILOSOPHICAL GAZETTE.

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THE INSTITUTE is established by a Proprietary, for the purpose of promoting the *Science* and *Practice of Medicine* on the principle of the Scientific, Educational and Practical UNITY of all its branches. Its objects are:—

1. To supply to every individual engaged in practice, on the principle that Medicine and Surgery are indivisible, all the discoveries and improvements in science and practice as they are day by day developed either at home or abroad.

2. To furnish the profession generally throughout the country with the pages of a journal at their command for the purpose of recording and discussing facts and principles the result of observation and experience, and for that interchange of opinion which has been found so conducive to the advancement of Medical as of all other learning.

3. To provide that numerous and highly important section of the profession who practise Medicine, Surgery and Midwifery as one science, as also those individuals who, although practising particular branches, still admit the unity of medical science, with a journal which may be depended upon for a truthful reprint or a faithful account of all proceedings in parliament or elsewhere, and of all documents, whencesoever they may issue, affecting the interests of Medicine; and to furnish a clear, deliberate, and impartial statement and commentary on every step that may be taken, or measure that may be proposed, with or without authority, for a change in the Medical Institutions or the Medical Polity of the United Kingdom.

4. To advocate, and to aid by every legitimate means in enforcing a REFORM OF THE MEDICAL PROFESSION—Educational Reform—Ethical Reform—Reform in the mode of conducting Practice—Remunerative Reform—Protective Reform—Legislative Reform.

5. To secure the full representation in the legislature of those medical professional questions which affect the public welfare.

6. To promote those great PUBLIC INTERESTS connected with Medical Science and Practice, which are so completely dependent upon the individual and general competency and complete efficiency of the members of the Medical Profession.

To be more explicit, the principles of the Journal are:—

I. As medicine is legitimately practised on the basis of its unity as a science, every attempt to discourage the full and complete operation of this principle, or to disparage and injure those practitioners of the healing art who practise generally, ought to be exposed and counteracted.

II. The exposure and discouragement, by all practical means, of illegal, unqualified, and empirical practice, and the employment of every effort to obtain an efficient penal enactment against unqualified and illegal practitioners.

III. The necessity of a high standard of education and qualification, with sufficient tests, by full, fair, and complete public examinations of every individual, to be authorized by law to practice Medicine, Surgery, and Midwifery.

IV. Reciprocity of practice, based upon a uniformly high standard of qualification, for all the members of the profession of the United Kingdom.

V. The policy and absolute necessity of granting to the General Practitioners of this country, CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

VI. The propriety of merging the *present* class of Apothecaries into the general professional body, with equal rights and privileges; and, under a *new* system, to provide that every future medical practitioner be completely educated in the principles of MEDICINE in the most comprehensive sense, comprising the principles of *Medicine*, *Surgery*, and *Midwifery*.

VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity for a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

Gentlemen of the Medical Profession throughout the country, favourable to the above principles, will oblige by forwarding cases, essays, commentaries and other communications suited for the pages of a Weekly Journal, as one of the means of support to 'The Institute,' and of securing the advocacy of the interests at stake before the Profession, the Government, the Legislature, and the Public.

The same kind of support is confidently anticipated from the medical officers of the army and navy and East India service, surgeons in mining and manufacturing districts, and the medical officers of poor-law unions, all of whom are general practitioners of medicine and surgery

The Journal will be published weekly, price 6*d.*; and will be rendered a full and perfect Repository of all contemporaneous Medical and Surgical knowledge.

This journal may be obtained by booksellers' parcels; from the newsmen, by post, or directly from the office of publication, in which latter case pre-payment will be required.

Communications and advertisements to be addressed to "The Editors, at the Office of Publication, 3, East Temple Chambers, Whitefriars Street, Fleet Street, London."

Quarterly Subscriptions, by prepayment, Six Shillings. If by post-office order, the same to be made payable to Mr. George Luxford, at the General Post Office.

UNIVERSITY OF ST. ANDREW'S.

REGULATIONS

OF THE

SENATUS ACADEMICUS,

RESPECTING THE

PROFESSIONAL EDUCATION

OF

CANDIDATES

FOR THE

DEGREE OF DOCTOR OF MEDICINE.

I.—Every Candidate for a Diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence—

1. Of unexceptionable moral character;
2. Of having had a liberal and classical education;
3. Of having completed the twenty-first year of his age.

II.—Fellows, Members, and Licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin, of the Royal College of Physicians of London, of the Faculty of Physicians and Surgeons of Glasgow, and of the London Apothecaries' Company, are eligible as Candidates for the degree of Doctor of Medicine, on producing their Diploma or License.

III.—Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended Lectures delivered by Professors in some University, or by Fellows of the Royal College of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or three winter and three summer sessions in the following branches:—

1. Anatomy	Two Courses of six months each.		
2. Practical Anatomy or Dissections	Twelve months.		
3. Physiology	One Course of six months.		
4. Chemistry	One	do.	do.
5. Practical Chemistry	One	do.	of three months.
6. Materia Medica and Pharmacy	One	do.	do.
7. Midwifery, and Diseases of Women and Children	One	do.	do.
8. Surgery	One	do.	of six months.
9. Clinical Surgery	One	do.	do.
10. Practice of Medicine	One	do.	do.
11. Clinical Medicine	One	do.	do.

And that they have diligently attended, for at least two entire years, the Physician's practice in some General Hospital in Great Britain or Ireland, containing at least one hundred beds, and having a regular establishment of Physicians as well as Surgeons.

The Examiners for Degrees in Medicine are:—

GEORGE E. DAY, M.D., F.R.S., Professor of Anatomy and Medicine.
ARTHUR CONNELL, F.R.S.E., Professor of Chemistry.
WILLIAM PYPER, LL.D., Professor of Latin.
ANDREW ANDERSON, M.D., Professor of Medicine in the Andersonian University, Glasgow.

The examinations take place twice a-year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee; which, however, will be accounted for to him when he passes his examination at a subsequent trial.

Candidates can only be admitted to examination at other periods, by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas.

The examination extends over two days, and is conducted partly in writing and partly orally.

On the first day, candidates are required to give a written translation of a passage from a Latin medical author, and are examined in the elements of Chemistry, in Materia Medica, and in Anatomy and Physiology.

On the second day, they are examined in Pathology and the Practice of Medicine, in the Principles of Surgery, and in Midwifery.

The degree is conferred on the following morning by the Rector, in the hall of the public library of the University, and the diplomas are signed by the Principals and Professors of the University.

As the Examiners receive very frequent applications respecting the course of reading to be pursued, they beg to recommend the following works as especially deserving of perusal:—

Wilson's Elements of Chemistry.

Christison's Dispensatory, or Pereira's Materia Medica (especially the section treating of the mode of action, uses, and administration of medicines), and the London, Edinburgh, or Dublin Pharmacopœia.

Quain's Elements of Anatomy, 5th ed.

Carpenter's Principles of Human Physiology.

Watson's Lectures on the Principles and Practice of Physic; Williams' Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

JAMES M'BEAN, A.M., Secretary.

ORIGINAL COMMUNICATIONS.

A NOVEL AND SIMPLE INSTRUMENT FOR PERFORMING THE OPERATION OF TRANSFUSION.

To the Editor of 'The Institute.'

Sir,—Should the following case, and the remarks, on an easy method of Transfusion, be considered worthy of a place in 'The Institute,' I shall feel obliged by your publishing them.

I am, Sir, your obedient Servant,

M. A. CANE, M.R.C.S., &c., &c.

Uxbridge.

On the 10th of last May I was called on to visit Valentine West, a labouring man, living at Yewsley, who had received a contused wound of about two-thirds of an inch in length, situated over the malar bone, and from which the discharge of blood could not be arrested. He had received the wound two days previous to my being consulted, and pressure had been applied which had the desired effect for a time, but the wound had again begun to bleed, and a fluid resembling blood and water appeared trickling down his face. Although there was much stained linen under his head, I could find no coagulum, nor were the parts of the linen that had become dry so stiffened as they would have been if they had been saturated with healthy blood. This at once led me to believe that I had a case of hæmorrhagic diathesis to deal with; and, in reply to my question, the man informed me that he had once lost a large quantity of blood from leech bites in Middlesex Hospital, and that the hæmorrhage was only arrested by the use of a hot wire applied to each of the bleeding points. He had at another time nearly lost his life from hæmorrhage following the extraction of a tooth. He had lost a brother some years since from purpura hæmorrhagica (at least I concluded that to be the cause of his death, from my patient's description of his state). His mother's father and an uncle are of the same peculiar habit as himself, and they are subjects of the rheumatic gout.

These facts all correspond with the cases published in a very interesting paper on transfusion, by Mr. Lane, in the '*Lancet*,' October, 1840, and the conclusions I arrived at are the same.

Pressure was again employed, and two grains of acetate of lead and a quarter of a grain of opium given in the form of a pill every two or three hours without effect. On the following day the tincture of muriate of iron was applied to the wound and given internally. This plan of treatment was continued for two or three days with no better result. Ruspini's styptic was next used, and 3 grains of gallic acid and 2 grains of sulphate of zinc given internally every four hours, pressure being continued which restrained the bleeding for a few hours at a time. This failing, the actual cautery was used, but hæmorrhage again commenced on the fourth day; the parts over the malar bone being now so tender that pressure could no longer be borne. Powdered acacia was then applied to the wound, and 15 drops of turpentine given internally every two or three hours for two days, and at longer intervals for three or four days more. The bleeding gradually ceased and the wound healed favourably. Previous to the cessation of bleeding, the patient was so much reduced that he could not raise his hand from the bed or move it without aid. In this stage, before I had witnessed the good effect of the turpentine, I had made arrangements to perform the operation of transfusion, and Mr. Lane was good enough to allow me to have his instrument (described by him in the *Lancet*, October, 1840), and to say he would assist me in the use of it should it be required. Whilst contemplating the use of this instrument, it struck me that its utility was much lessened by its complicated form, and by the number of assistants that would be required to act with it, and also the probability of air being injected into the veins should the excellent rules for its use, laid down by Mr. Lane, be in any way neglected; and again that transfusion would occasionally be useful and required at a moment's notice, when a practitioner was left alone with his patient, for instance, in great exhaustion following uterine hæmorrhage. This led me to try if blood would not gravitate into the veins, and thus at once get rid of the complicated syringe, and the danger of forcing in air, as well as the required fluid. For the purpose of testing this, I exposed the jugular vein of a dog, and passed a probe behind it, above the point I intended to open, for the purpose of introducing a silver tube, and thus preventing the flow of blood through its cavity. To the upper part of this tube, I had attached a small funnel; and I found that fluids readily passed into the nervous system, and from its being thus fairly open above, there was no risk of air being carried into them.

I have had constructed an instrument consisting of a small glass funnel, about the size of a wine-glass, and fixed within another, leaving a space of half-an-inch between them to contain warm water, to keep the instrument at a proper temperature. This is connected with a silver tube below, and made with a knee-joint, to allow of its being applied at the bend of the arm if required. The glass may be connected to the fore-arm by a strap, and only one assistant required to support the arm of the patient whilst the operator bleeds another person into the funnel. My impression is, that this simple instrument will deprive the operation of transfusion of its greatest dangers, and will put it in the power of a practitioner to have recourse to it when he is in the most trying of all positions unassisted, and his patient sinking from the effects of hæmorrhage. The instrument which I possess, was made by Messrs. Weiss and Co., of the Strand, and is so portable, that it may be carried in the pocket without inconvenience.

Since writing the above, I have used this instrument to pass fluids into the veins of cholera patients, and found it very easy of application. The jugular vein was selected as most convenient, and pressure was made on the vein below the end of the tube, until the funnel contained some fluid, which was not all allowed to flow into the veins, which prevents the possibility of any air passing into them.

REMARKABLE CASE OF EJECTMENT OF A FOREIGN BODY FRON THE RIGHT BRONCHUS, AFTER BEING LODGED THERE MANY YEARS.

W. C., a person of active habit, and fully employed in country practice, was, about the end of the year 1849, much out of health, and had a continued pain in the right side, with slight cough. This lasted until the 12th of January, in the present year, when he slipped on some ice, and fell on the corner of a cupping-case, which he had under his arm. This was followed by slight expectoration of blood, which continued for a few days, and then quite subsided, but left a feeling of uneasiness in the side, and the patient lost flesh considerably; his health continued about the same for a month, when, during a coughing-fit, he expectorated a considerable portion of blood intermixed with purulent matter, which gave him the idea that a cavity had given way in his lungs. He continued to cough up small quantities of blood for some time, but at length became convinced that some heavy substance was lodged in the right bronchus, he having felt it, during a cough, rise up to the glottis, and fall back to the point of original pain. This induced him to place himself on the bed with his head and shoulders over the side, and after one or two ineffectual attempts, he succeeded in expectorating, with some blood and mucus, a split shot, such as those used by fishing-tackle makers; it was expelled with considerable force, and made a smart tap on the bottom of the bason into which it was thrown. The patient had no recollection of the time when this passed through the larynx, but thinks that it must have happened twenty years ago, when he was a boy, and spent much time in fishing, and was in the habit of biting on the shots to the line with his teeth. He continued to expectorate blood and purulent matter for some time, which gradually subsided. He has now recovered his health and strength, and had no cough for three months. This case was seen by Dr. Marshall Hall, Dr. Golding Bird, and Dr. Addison.

REVIEW.

The Philosophy of Spirits in Relation to Matter. By C. M. Burnett, M.D. One Vol. 8vo. London, 1850.

Some of our readers, on observing the title of the book we are about to review, will be ready to exclaim—what has a journal professedly devoted to the Medical Sciences to do with things relating specially to the unseen world? We answer that the book is sent to us for review; it is written by an able and learned physician, who has already appeared before the public in the character of an author; and although the views set forth in this volume are, we believe, for the first time, propounded in connexion with medical science, from a careful perusal of its pages we are convinced that Dr. Burnett has opened up to us an entirely new field of inquiry.

The author tells us in a modest preface, "The one great point constantly borne in view throughout the work, has been to show, in the clearest and simplest manner, the real amount of proof we possess, by the combined assistance of philosophy and revelation, of

the real existence and operation of spirits of different degrees of power, and of their relation to matter."

He also cautions the reader from expecting that in answer to the question what is spirit? he is about to give a dissertation upon the *abstract* nature of spirit.

"I have certainly no more capability than any other individual of speaking of the nature of spirit in the final or abstract sense of the word, though I may prove its existence, and the qualities or phenomena that result from it."

We now proceed to the book itself. The object aimed at by our author is the explanation, by the light of revelation and true philosophical induction, of certain phenomena in organic and inorganic nature, which have hitherto been obscure and which he attributes to spiritual agencies acting in subordination one to the other. Among these spiritual agencies he reckons certain immaterial substances which have been known to us by the name of "imponderable matter," viz., heat and electricity.

The introductory chapter is an argument concerning the respective claims of natural and revealed philosophy upon our belief.

"To natural philosophy we are indebted for much of the information we possess of what have been termed the laws of nature, and the influence these laws exert upon the matter that surrounds us." * * * * * * "Here it must be remembered that, though natural philosphy recognises these laws, and observes with precision the many phenomena and modes of action they induce, she has on no occasion proved them to be the result of anything inherent in matter alone; and if, therefore, they are not the effect of anything that is material, it is more probable they are the result of something that is immaterial, or that does not partake of the character of material substance; and I think there is more than common evidence to show that these forces or laws, as they are called, are the result of some *substantive* and distinct, though immaterial and dependent spirits, while acting upon material matter. From the observations I have made upon the power and use of revelation, it will appear reasonable that in subjects so exalted, and difficult of comprehension, philosophy will, in contemplating them, imbibe fresh strength and light, by following her, rather than by taking the lead."

We cannot forbear expressing a wish that many of the great minds that are now agitating the world with their scientific heresies would follow in Dr. Burnett's footsteps, and take revelation as the groundwork and key to all their inquiries; we are convinced they would be rescued from that sea of mysticism into which they have wandered without either rudder or compass to guide them. Dr. Burnett deserves high commendation for the boldness of his views; and while we hope many may be induced to bring their experience to bear upon this subject, we warn men from prosecuting their inquiries as a mere matter of science apart from the light of Revelation, and we may add *belief* therein.

From the chapter on the Laws of Heat and Electricity in their union with matter, we extract the following passages:—

"There may be many causes, the nature of which is unknown to us, whose *real existences* are known by their effects."

"The fact of the separate existence of very different kinds of spirit is propounded in the Scriptures; and I contend that their existence in the operations and appearance of the created universe is deducible from qualities as clearly to be referred to them as to material substance."

"There is nothing in the discoveries of natural science conflicting to the doctrine that there are existing and created immaterial substances, as well as material substances, in the works of creation, and there is great reason to suppose philosophy has been too isolated in her views of immateriality."

"If the views I now put forth have any claim to be regarded as truth, it can no longer be disputed that, though the doctrine of universal materiality, or that of universal immateriality, may have been urged with undoubted ability, and with apparent conformity to syllogistical or to mathematical rules, yet each of them is equally amenable to refutation, and therefore equally unworthy of belief."

"The time is not far distant, when we shall no longer think it possible that any bodies, as we behold them with our outward and inward senses, whether those bodies are organic or inorganic, can be brought together, regulated, altered, or controlled, without the agency of powers as truly spiritual as those we have so long regarded as exclusively to govern organized bodies."

The reader will gather from these extracts the sum and substance of Dr. Burnett's views in reference to the subordinate spiritual entities, heat and electricity, and we go on to speak of a higher spiritual entity, viz., the spirit of life. In the analysis of inorganic substances, we are enabled in the most satisfactory manner to ascertain their ultimate elements, and in many instances to re-unite them by the aid of heat or electricity, &c.; but when we come to the analysis of organic bodies, even in triple unions, our synthetic powers leave us. "How much less likely," writes our author, "are we able to combine the still more highly complex quaternery and quinary compounds, does not surprise me, when I am satisfied they are affected solely by the operation of the spirit of life—a spirit which, inasmuch as it is of a higher and more delicate character, is found to possess a fewer number of bodies in creation; and in possessing these, to be closely adherent to them, and, consequently, more readily expelled from them. In animal bodies, three, four, and even five mutual elements are held together by the conjunctive and graduated powers of the spirit of heat, electricity, and life."

Frederick von Schlegel, in his 'Philosophy of Life,' Lecture iv., "On the Soul in Relation to Matter," after speaking of the advance made towards the maturity of physical science from discoveries by chemical analysis, hints at this subject when he says:—

"The investigation of the salutary bonds which hold together these elementary forces in due equilibrium, controlling one by the other, and confining each within its prescribed limits, does not fall within the scope of our present inquiries, as neither does the question, *whether these bonds be not of a higher kind than naturalists commonly suppose?*"

Of clairvoyance, Dr. Burnett thus speaks:—

"Because it is a power of such awful capacities, is it well to deny it? I am convinced the cause of truth is not served by taking this course; and, from ample experience, am assured by so doing, we give the enemies of truth an occasion of triumph. Their argument is, that which our senses see and believe, must be true; therefore, if you refuse to believe the evidence of sense, you must be either most doggedly perverse and sceptical, or else there must be some mental incapacity to account for it. The phenomena of clairvoyance most indisputable as phenomena, are real; and it would be wrong to repose any confidence in the statement of the most learned or intelligent person who denied them.

And if the phenomena are real, it is high time that we not only believed them, but that we also identified them. The last of these courses may be the most difficult one of the two to take. At present the wooden horse is not suspected, and the armed men are being courteously conveyed into the citadel unobserved. After so long a war with the human race, Satan, finding the ordinary manœuvres to be unavailing, seeks to conquer them by a stratagem. The way to prevent this is for the person exposed to these phenomena to make a few searching inquiries, and by so doing he will be amply remunerated for the trouble he may take. The first conclusion he will arrive at, after he has recognised the reality of the power that produces these phenomena, will be, that that power is stronger than man; and as it cannot be the power of God, for God cannot be the cause of disease, there is, then, little left for the imagination to determine."

We agree with Dr. Burnett that to persist in denying facts is folly; and our opinion also coincides with his as to the agency by which clairvoyance is produced. God Almighty respects his own laws and we cannot for one moment imagine that he who formed the eye and gave it its proper functions, would ever so far set at nought his own creation as to transfer those functions to another organ. Our author attributes mesmerism to the same agency, and we do not hesitate to say that the man who yields his will to be acted on by another is no longer his own, he has surrendered his manhood and his personality is gone.

We pass over the chapters which speak of the "Mind and its Attributes," of the "Spirit of Man," of the "Fallen and Unfallen Angels," &c., and at once proceed to the concluding chapter, which treats especially of the "Spirit of God;" and although this subject comes more within the province of a theological review, we cannot pass over it without saying a few words. That the Holy Spirit is higher than any other spirit discoursed of in previous chapters, all will be ready to admit; but we would not wish our readers to infer that the Holy Spirit of God is classed with the immaterial entities of creation.

That these several spirits are acted upon by the Holy Spirit is certain, inasmuch as God vouchsafes to act in and upon every part of his creation; and when the author speaks of the Holy Spirit as "higher," we conclude he means higher in the degree in which the infinite exceeds the finite. The Holy Spirit of God *is not an emanation*; he is a PERSON—the third person of the Trinity. And although it is quite true that God is omnipresent by His Spirit, ruling and governing both the material and immaterial creation; yet it is equally true that in each dispensation of the world he has also had some *special* mode of acting. All the holy men of old spake as they were *influenced* by the Holy Spirit; but since God and man have become united in the one person of

our blessed Lord, the peculiarity of his actings consists not merely in his occasionally influencing us, but in his *dwelling in* us; "For he dwelleth with you, and shall be in you" (John xii. v. 17). We perfectly agree with Dr. Burnett, that children born into this world naturally have not the Spirit of God; but we altogether reject his unscriptural and unorthodox views concerning baptism. They are opposed to the faith of the Catholic church down to the time of the great schism of the eastern from the western; they are opposed to the existing rituals of both these great divisions, notwithstanding the mummery and profanation with which they are found to exist; and they are opposed to the Liturgy of the Church in our own land. Men who do not "rightly believe" the one great sacrament of the Incarnation of the Son of God, *cannot* understand the subordinate sacrament. It is the same spirit which saw nothing in the Incarnate God but the carpenter's son—that discerns nothing more in the sacrament of baptism than a little water. How and in what way the Spirit of God acts upon our hearts and spirits, we cannot decide; but, looking at the order and harmony of God's visible creation, and the exquisite subordination of all its parts, it is not irrational to conjecture that a similar subordination may exist in the immaterial or spiritual world, and that it is through the medium of one or more of these spiritual entities that he condescends to reach us.

In conclusion, we must express our regret that Dr. Burnett should have touched on any doctrinal point, but more especially the much mooted one of Baptismal Regeneration; but since he has done so, in justice to our readers we could not let it pass without a comment. With this exception we approve the volume highly.

CORRESPONDENCE.

To the Editor of 'The Institute.'

Sir,—There are some excellent cases of "chronic disease of the laryngeal mucous membrane" detailed at pages 141, 142, and 143, of the last number of 'The Institute,' by Professor Watson, in which the beneficial effects of the nitrate of silver in solution are clearly exemplified. I believe the fact is now well established, that this is the only remedy for those formidable affections; but a great variety of opinions exists as to the best method of conveying the application to the diseased part. The "catheter *wire*" employed by Sir Charles Bell, does not appear to me to be well adapted for that purpose; for it is, generally speaking, too slender, and, consequently, very liable to be bent in its passage down the larynx. Instead of the wire, I would beg to suggest the catheter itself, or rather a tube of the same form and size as the male catheter, open at its inferior extremity, and perforated with holes for the secure attachment of the sponge around it. The sponge must, of course, be so fastened as to leave the tube open, by which arrangement the respiration of the patient will not be prevented, even when the instrument is lodging in the trachea. The sponge should be of the softest and finest description, and as large as it possibly can be to allow of its passage through the orifice of the larynx. It ought, in fact, to be so large, that, when passed along the larynx, it may come in contact with the entire surface of its mucous membrane; for, in most instances, it will be found impossible to determine the precise spot at which the disease may be situate. A small piece of sponge or lint may touch the part affected; but it often will not, and it may then fail to afford the anticipated relief.

The sponge being introduced on a hollow tube, and thereby guarding against suffocation, the operator will be able to keep it longer in contact with the diseased surface than under the ordinary mode of applying the solution. To whom may belong the merit of having first suggested the application of nitrate of silver to ulcerations of the larynx, I will not pretend to determine. Dr. Watson thinks it probable that it originated with his distinguished countryman, Sir Charles Bell. Its application was suggested by me as long ago as the year 1816, first in the 'London Medical Repository,' and afterwards in my 'Compendium of Medical Practice;' and unless my memory fail me, this was some years prior to the appearance of Sir C. Bell's 'Surgical Observations.' The idea was at that time new to me, and I believed it to be an original one; but in this I may be mistaken. Let dates decide, and "*Palmam qui meruit ferat.*"

I am, Sir, yours very respectfully,
J. BEDINGFIELD.

Longville House, Needham Market,
14th November, 1850.

POOR-LAW MEDICAL RELIEF.

To the Editor of 'The Institute.'

Sir,—The renowned Sterne has written, "that when a man's brains are as dry as a squeezed orange, and he feels no more conceit in him than there is in a mallet, it is vain that he attempts to write to a lady of vivacity and distinction, unless he is content to do so in the plain, honest, John Trot style." Now, Sir, I feel somewhat in the plight supposed by the facetious Divine I have quoted; and I am much consoled at remembering there is a style in which a man so placed may write. Indeed, I rejoice at this the more, because this style, after all, may be often best suited to work out the special object I have in view in now addressing you. I propose to place before you a series of illustrations and comments on Poor Law Medical Relief, written after the aforesaid honest John Trot fashion.

Nay, start not, Mr. Editor, at the idea of a "thrice told tale;" the evils embodied in it, so long and so loudly complained of, *are still rank and festering.* Neither let your editorial refinement cause you to look askance at the lowly subject I introduce with so humble an aspect; it has higher and wider bearings than appear on the surface. The question closely involves the interests, and health, and happiness, of near three millions of our fellow Englishmen—near three millions of sick paupers! It embraces the self-respect, the professional status, the daily toil for daily bread, of more than three thousand of our professional brethren; also the administration of payment for sick relief, the apportioning of the "*quid pro quo*," out of a fund of more than *seven millions sterling per annum* raised in England and Wales, nominally to support the destitute, and to heal the sick.

The subject extends further, to the high and mighty Poor Law Board, whose noble Secretary and senatorial President must be reminded of the first principle of Christian obligation, and must be taught what is meant by the Hebraic oracle, which pronounces the divine command, "Thou shalt not muzzle the ox that treadeth out the corn."

It will be seen from this glance, how comprehensive is the subject; how many and deep, and often, discrepant, interests are involved in it; interests—political—financial—benevolent—professional—moral—parochial—national. Outraged Justice stands prominent amid the host of offended feelings with which a far-seeing, plain-dealing, honest man must view the present system of Poor-Law Medical Relief. It may, therefore, be appropriate enough that communications against the system appear under the signature of 'Aristides.' Although your journal is strictly for professional readers, it will be useful to prepare a short series of papers on the general bearing of the case, under something like the following sections—

1. The evils produced on society by a loose system of granting poor-law medical relief.

2. The injustice perpetrated toward medical officers by Boards of Guardians—by the Poor-law Board, and by the Government itself, through the present defective payment and faulty control of this department of the public service.

3. The *impolicy*, not to say moral crime of exposing a dense mass of near three millions of sick paupers to the ill-requited services and appliances of a body of *dissatisfied* men, who, though generally conscientious and humane, feel, that of all public servants, they are the hardest worked, the worst-paid, and the least cared-for.

4. The share which medical men, through an overwrought competition, have taken in creating, at least, in fostering the abominable system; and the imperative need that exists, not only through self-protection, but from a sort of atonement for past supineness, or suicidal competition, speedily to organize their diffused political influence, so that at each election of a member of parliament, the candidates' pledge be given, that the question shall be *forced on the notice of the Legislature.*

5. The utility in these times of general reading, and government by popular opinion, of taking steps to cause the ratepayers to learn how much the medical officer is doing day and night on behalf of the sick paupers. This knowledge might be a useful engine with even the poor themselves, and would remove a suspicion, as sometimes entertained, that even the doctor is enriched from a rate destined for the poor, while from them it is often withheld altogether, or scantily given.

6. The necessary inefficiency of the present system, owing to the absence of all medical control, over its operations.

7. An examination of various suggestions and proposed plans of amendment, with reformed scales of remuneration.

8. A succinct review of the subject. The faults of the present system, a part of the general faulty state of medical legislation; another argument for organizing and reserving political influence in aid of general regulations affecting the entire body of the pro-

fession, and of course embracing the monster grievance supported at Somerset House.

It offends, it pains, to hear people say the question is one for the doctors alone, and so justify themselves for neglecting efforts for amending what they admit to be wrong. Part of every good man's duty and pleasure should be to aim at reforming all evils which press heavily upon the social system. This poor-law question demands publicity and redress of its grievances on the score of humanity and financial policy:—of science and of justice. Influenced by these general and high motive powers, I feel no longer at liberty to be silent, though there is no novelty *now* to be specially brought before you and the profession—fatigued by a thrice told tale, an old story. Yet again, Sir, you shall hear of me—again and again will I endeavour to marshal the forces of the profession, swayed by your rising journal, till strength obtained by unity,—and power thrice armed through the justice of the quarrel, shall have obtained redress for the sick poor, and for their oppressed medical officers. Looking beyond primary results, mere local and class grievances, to the universal moral principles involved in this great topic, I rise above the semi-obtuseness with which I was content to open my letter; as I conclude it, something beyond the mere simplicity of honest John Trot, animates my hopes and will double my exertions. I call on your brethren to remember that mighty Jove helps those who resolve to help themselves. Where the Union surgeons have been supine or dispirited, let them, like the phœnix from her ashes, spring into fresh youth with new vigour under the favouring auspices of your journal.

When labour, zeal, and patience are united in furtherance of a common cause, heaven itself might as easily pass to ruin as such a cause fail if founded on *humanity* and *justice*.

I am, Mr. Editor, your faithful friend and servant,

ARISTIDES, THE YOUNGER.

November 20, 1850.

THE PHILOSOPHICAL GAZETTE.

Method of Discriminating between Cotton and Linen Thread and Fabrics.—It may easily be conceived that in medico-legal inquiries, it should be desirable to have a ready and satisfactory method of determining the nature of the material of a given fabric. The following tests to distinguish between linen and cotton must, therefore, be well worthy of recollection, and may often prove highly valuable.

1. *Physical Tests.*

a. Under a microscope with a magnifying power of 300 diameters, *flax fibres* are long almost solid cylinders, with a narrow central canal. *Cotton fibres* are flat, tape-like, with a wide canal, and sometimes, from the thinness of their walls, have a twisted appearance like a corkscrew.

b. Thoroughly imbued with olive oil, *linen* textures become transparent, like oiled paper; *cotton* remain white and opaque; mixed fabrics appear white with transparent stripes. Dyed fabrics must be decoloured by chlorine before applying this test.

c. A *linen thread* when burned in a perpendicular direction, and the flame extinguished, appears charred in a smooth connected form; a cotton thread so treated is tufted. The flame must be blown out by force. This test is applicable to dyed tissues, except chrome yellow colours.

d. In an *alcoholic tincture of cochineal*, made by macerating one part of cochineal in twenty parts of alcohol and filtered, cotton wool receives a bright red, and linen a violet tinge.

In a similar *tincture of madder*, cotton becomes of a clear yellow colour; linen a dirty orange red. Mixed fabrics treated with these mixtures present variegated stripes.

2. *Chemical Tests.*

a. Concentrated sulphuric acid destroys cotton fibre, and leaves linen untouched. Care must be taken not to allow the acid to act longer than a minute or two, and to wash out all dressing from the fabric tested.

A single thread placed on a watch glass, and a drop of concentrated sulphuric acid let fall upon it, will be seen by a microscope to be acted on. The cotton is dissolved, but the linen fibres retain their form.

b. Boiled in concentrated potash ley, linen in two minutes becomes of a deep yellow colour; cotton remains almost colourless, or is only of a faint yellow colour. Mixed fabrics exhibit yellow and colourless stripes. This test serves only for white fabrics, or dyed, decoloured by chloride of lime. Long maceration destroys these effects, and must be avoided in using this test.

On the Occurrence in the Animal Organism of a Body allied to Xanthic or Uric Oxide. By Professor Scherer.—At the suggestion of his colleague, Professor Kölliker, who, in his researches on the microscopic structure of the spleen, always found that the fluid of this organ had an acid reaction, Professor Scherer undertook a series of experiments, chiefly with the view of ascertaining whether the spleen yielded lactic acid, and the volatile acids which he has recently proved to exist in the muscular juice. His mode of proceeding was almost identical with that employed by Liebig in his investigations regarding the fluid of muscular tissue. As, however, it is very expedient that the experiments should be repeated, and that our author's views on so important a subject should be placed beyond all doubt, we give his paper in almost its entire form.

In the investigation of the spleen (the spleen of the ox), the chopped mass should be boiled instead of being merely pressed, since very little fluid can be obtained by the latter method in consequence of the mass becoming extremely gelatinous after being immersed in water, and therefore remaining entangled in the meshes of the linen bags. The only inconvenience attendant on boiling it is, that a portion of gelatine dissolves with the mass, and is apt to render the fluid somewhat gelatinous.

The light red-coloured fluid thus obtained, when treated with baryta-water, yields, like the fluid of the muscular substance, an abundant precipitate. The excess of baryta separates in the form of a carbonate during the evaporation of the filtrate, while two other organic bodies, which dissolve in a dilute boiling solution of potash, and may be precipitated by muriatic acid, as well as, for the most part, by carbonic acid, are also precipitated with it.

The precipitate obtained from these acids appeared when examined under the microscope as a finely crystalline mass, which exhibited individual, distinct, and large yellowish crystals when suffered to remain for some time in contact with hydrochloric acid. The greater portion of the precipitate retained its crystalline angular character, without presenting any distinct crystalline form, even when very highly magnified. As Professor Scherer was of opinion, that the larger distinct crystals resembled several forms of uric acid, he tested a portion of the precipitate on platinum foil with nitric acid, and actually obtained on the edge of the residuum, after the fluid had been evaporated, the characteristic red colour of this body, which passed into the splendid purple tint of mucexid on being moistened with ammonia.

The principal part of the residue, when treated with nitric acid, was of a bright yellow colour, and as the perfect removal of the albumen by coagulation, as well as the crystalline character of the precipitate, and its great brilliancy of colour, left no room to suspect the presence of xanthoproteic acid, this coloration might possibly depend upon xanthic oxide or guanin; and on decomposing this yellow residue in a solution of hydrated potash it was found to exhibit the most decided and beautiful reddish yellow tint.

The whole quantity of the crystalline precipitate was once more dissolved in a solution of potash, and decomposed with chloride of ammonium, in order to precipitate the uric acid; which after standing some time separated as gelatinous urate of ammonia, while the substance in question was found in the form of a crystalline, yellowish white powder, after gently evaporating the filtrate. The powder thus obtained was dissolved in ammonia, in order to remove all traces of the uric acid; it was found to dissolve very readily, and the ammoniacal solution thus obtained was evaporated on the water-bath. The foliaceous and easily soluble mass that remained was found to be entirely free from uric acid on being tested by nitric acid, leaving a pure yellow spot when evaporated; developing but little ammonia when dissolved in potash, and decomposing with chloride of ammonium. The absence of uric acid was further proved by a microscopic observation of the filtrate obtained by treating the potash solution with an excess of hydrochloric acid.

The whole mass obtained by evaporating the ammoniacal solution, was again dissolved in a dilute solution of potash and precipitated by a current of pure carbonic acid. The white crystalline powder caught on the filter, and well washed with cold water, was found free from potash, and did not form *dry, hard* masses as Liebig and Wöhler observed in xanthic oxide; but remained crystalline and pulverescent, and did not assume the shining appearance of wax on being reduced to a fine powder. It also dissolves in nitric acid, not without but *with* a development of gas. It is almost entirely insoluble in *cold*, and but slightly soluble in boiling hydrochloric acid. It separates for the most part as a fine powder from the cooling hydrochloric acid solution, without forming crystals as in guanin. This body dissolves in concentrated sulphuric acid without blackening, or the development of gas; when diluted with water the fluid becomes slighly turbid; but this turbidity rapidly disappears on the addition of more water. When diluted with hot water, the sulphuric acid solution yields no crystals in cooling.

This substance does not dissolve readily in cold water, 1 part requiring 1090 parts of water; it is more easy of solution in boiling water, 1 part dissolving in 180 parts of water, and the excess is then separated from the cooling solution in the form of a finely pulverescent mass, adhering closely to the glass. The aqueous solution does *not* react on vegetable colours. It is somewhat soluble in boiling spirits of wine, and separatés as the filtered solution cools. This substance dissolves in boiling nitric acid with a development of gas, as already observed, leaving white crystals in the cooled solution, which dissolve with difficulty in cold water, but are readily dissolved in boiling water, and re-crystallize without undergoing any change. Professor Scherer was prevented by a deficiency of the substance from further prosecuting his observations on this interesting product of decomposition. The colour remained wholly unchanged when a boiling solution of this body was decomposed by boiling carbonate of ammonia. On being boiled with peroxide of lead, a slight development of gas was observed, while the filtrate, after being concentrated, was found on cooling to contain small, wart-like, yellow crystalline groups, which showed themselves under the microscope to be composed of a number of fine acicular crystals. The elementary analysis was made with the pure crystalline body above referred to, after all traces of uric acid had been removed by chloride of ammonium, and after the potash solution had been precipitated by carbonic acid, and well washed with water. On being dried on the water-bath, and heated to 120° C., the body lost no more weight, and did not change in the slightest degree. On submitting it to ultimate analysis, he found that it contained:—

Carbon	44.257
Hydrogen	3.219
Nitrogen	40.820
Oxygen	11.704
	100.000

from which he deduced the formula, C 5, H 2, N 1, O.

It follows from this analysis and formula, that this interesting new body is xanthic oxide—1 equi. of oxygen, and differs therefore from uric acid, C 5, H 2, N 2, O 3, by containing 2 equivalents less of oxygen. Professor Scherer proposes calling this new body *Hypoxanthin.* Its close affinity to xanthic oxide, is further confirmed by the circumstance that both yield the same yellow body, coloured red by potash in the ultimate product, when treated with nitric acid. Professor Scherer expresses the hope of being able to ascertain its composition, as well as that of the above named products of decomposition, as soon as he can procure the material necessary for the inquiry; he regards the occurrence of this body, together with uric acid, to which it is so nearly allied in composition, as extremely interesting. He mentions the important fact that he has been able, in conjunction with Professors Kölliker and Virchow, to establish the presence of hypoxanthin, not only in the human spleen at all periods of life, but also in the muscular substance of the heart, where it occurs in such quantities as to separate spontaneously from the cooling filtrate, or remain suspended in the fluid.—*Annalen der Chemie and Pharmacie*, 1850.

Preparation of Atropine by Means of Chloroform.—At a meeting of the Academy of Sciences of Paris, on 14th of October, M. Bussy presented a communication from M. Rabourdin, druggist at Orleans, on the preparation of atropine by means of chloroform. The following is M. Rabourdin's process:—

Fresh belladonna, gathered when commencing to blossom, is bruised in a marble mortar, and the juice pressed out; the latter is then exposed to a temperature of from 176° to 194° Fahr., to coagulate the albumen, and filtered. When the liquid is cold, four grammes (ʒ i) of caustic potash, and thirty grammes (ʒ vii and gr. xliij) of chloroform are added to each litre (1¾ pint); the whole is shaken for a minute, and then set aside. At the end of half an hour, the chloroform, charged with atropine, is deposited, having the appearance of a greenish oil; the supernatant liquid is decanted off, and replaced by a little water. The water is successively added, and removed, till it becomes clear; the chloroform solution is then received into a tubular retort, and distilled by a sand-bath until all the chloroform has passed into the receiver. The residue is then treated with a little water, acidulated with sulphuric acid, which dissolves the atropine, leaving a green resinoid matter: the solution, when filtered, is colourlesss. To obtain the atropine pure, it is sufficient to add carbonate of potass, slightly in excess, to collect the precipitate, and to dissolve it in rectified alcohol, from which, by evaporation, beautiful groups of needles of atropine are deposited.

When the fresh plant cannot be obtained, well-prepared extract of belladonna may be employed. Thirty grammes of extract of belladonna, obtained from the purified juice of the plant, are dissolved in one hundred grammes of distilled water. The solution is filtered; and two grammes of caustic potash, and fifteen grammes of chloroform, are added. The remainder of the process is analogous to that already described.

M. Rabourdin believes this method applicable, in general, to substances containing organic alkalies. If it do not become an economical means of preparing these products, it will at least serve, in some cases, to determine their proportion in certain materials.—*Gaz. Méd. de Paris, October* 19, 1850.

The Action of Chloroform on the Sensitive Plant.—M. Marcet has found that sleep is induced in the leaves of *Mimosa pudica* when the common leaf-stalk is exposed to the action of chloroform or rectified æther.—*Journ. f. Prakt. Chem.*

On the rapidity with which Sensation is conveyed by the Nerves.—Professor Helmholz of Königsberg has invented an apparatus for measuring the rapidity of the nervous current in the spinal nerves. He found that it required from 0.0014 to 0.0020 seconds for the nervous current to pass over a space of from 50 to 60 mmtr. (from the plexus ischiaticus to the gastro-enemius muscle of a frog). This rapidity would, therefore, be at the rate of from 43 to 25 mmtr. in a second.—*Comp. Rend. de l'Académie des Sciences.*

Antagonism between Febris intermittens and Phthisis Tuberculosa. By Dr. von Deen.—Wells was the first who (in 1816) endeavoured to prove that there existed an antagonism between intermittent fever and tuberculosis; in 1821 the same opinion was advocated by Heusinger, who was followed, in 1825, by Nasse. Clark, Forry, and Lawson at that period manifested themselves as greatly opposed to such views, and the question was then suffered to rest for a time, until it was again agitated by Boudin, who, in 1843, expressed himself very strongly in support of the disputed antagonism. Boudin's observations on the subject called forth rejoinders from the various opponents of the antagonistic side of the question, among whom Gintrac, Forget, and Genest stood foremost. The question still continues a subject of contention, and enrolls a nearly equal number of adherents and opponents.

In Holland, the subject of this antagonism has given rise to repeated discussion, and in 1845, it was brought prominently forward by De Brauw, at a meeting of the Association of Arts and Sciences at Utrecht. The majority of the physicians present, among others, Mulder, Donders, Fillanus, and Arntzenius, expressed themselves very strongly against the reciprocal excluding tendency of these diseases; but a Commission, consisting of De Brauw and Schneenogt, was appointed to investigate the subject in all its bearings. Yet, hitherto, notwithstanding the most zealous endeavours of these inquirers, no definite result has been arrived at. After drawing the attention of the Association to the difficulties opposed to a definite solution of the question, the Committee begged to be allowed to limit itself to the premises,—whether a reciprocal exclusion of these diseases had been observed in Holland ?—promising to afford a satisfactory solution to this part of the question based on experience.

The following year the Commission expressed its regret, for the want of interest manifested by the profession at large on the subject under consideration, no more than eleven memoirs having been presented. Of these, four were in favour of the antagonism and seven against it. De Brauw sided with the latter; while Schneenogt did not express any decided opinion, but showed by his statistical reports that 8,723 patients had been received in the hospital at Amsterdam during the last seven years; of whom 381 were affected with tuberculosis, and 2,326 with intermittent fever; 282 of the phthisical patients escaped intermittent fever, while 99 were attacked by it. The Commission has announced its intention of laying before the Association, at some future period, the results of their further statistical inquiries.

Doctor von Deen, who strongly supports the views of the antagonism party, is of opinion, that although there may not be an absolute antagonism or a perfect reciprocal exclusion between pulmonary tuberculosis and intermittent fever, we are justified in maintaining the existence of a *relative* antagonism and a relative reciprocal exclusion between these diseases in other countries no less than in Holland. He observes (1) that the circumstance of the frequent occurrence of tuberculosis and intermittent fever in the Netherlands, affords no proof that there may not be a reciprocal exclusion between these two diseases; (2) that numerous observations have been made in the Netherlands which favour the assumption of antagonism; (3) that the hypo-

thesis of such an antagonism is strongly confirmed from a physiologico-pathological point of view. — *Von Deen's Arch.*, III. 3, 1850.

Immersing the Hand in Fused Iron at a White Heat.—This experiment has been attempted with perfect impunity by M. Boutigny, who has verified the practicability of some of the ordeals by fire practised in the middle ages; as for instance, the Empress Cunigunde's ordeal for chastity, &c. The experiment may be made with the greatest safety when the skin is moist, and the hand may even be rendered completely invulnerable by rubbing the skin with soap till it acquires a smooth surface, and then immersing the hand, before the experiment is attempted, either in a solution of muriate of ammonia saturated with sulphurous acid, or in the former alone, or in cold water only. It has long been known to the workmen engaged in glass-houses, that glass fused to a white heat can be kneaded with the hand. The surfaces of bodies at a white heat have a repelling force, and can, therefore, only singe by means of radiating heat, and this, M. Boutigny believes, is obstructed by the water reflecting the radiating heat.—*Journ. de Pharm. et de Chem.*, tom. xvi.

Cantharidal Æther, and some Vesicant Preparations of Cantharides.—By treating cantharides with a small quantity of sulphuric æther, a green liquid is obtained, very rich in cantharidine, which easily combines with resins, fats, or collodion. M. Oettinger, of Munich, proposes to employ this, in various forms, for producing vesication.

Cantharidal Æther.—This is formed by digesting one part of coarsely powdered cantharides in two parts of sulphuric æther, for three days, and expressing. The æther is charged with cantharidine, with a green oil, and with a yellow, wax-like matter. When applied to the skin with a camel's-hair brush, the cantharidal æther produces abundant blisters, in one or two hours in children, and in three or four in adults.

Cantharidal Taffetas and Paper.—A double layer of aqueous solution of isinglass is spread on silk, or paper; when this is quite dry, the following is applied. Cantharidal æther, sulphuric æther, of each four parts; turpentine, colophony, of each one part. A brush, dipped in this, is passed over the prepared material twice, with a short interval between the applications, and always in the same direction. After twenty-four hours, a third layer is applied; and, at the end of a similar period, a fourth. After some days, a layer of isinglass is applied. At the time of application, a wet rag is passed over it to remove the gelatine.

Cantharidal Ointment.—This is prepared with equal parts of cantharidal æther and of lard. It acts intensely on children, after being rubbed in two or three times, and being applied for two hours.

Cantharidal Collodion.—M. Oettinger prepares this by mixing equal parts of cantharidal æther and collodion.—*Bulletin Général de Therapeutique, Sept.* 30, 1850.

On the Velocity of the Electric Current. — MM. Fizeau and Gounelle, have recently been engaged in a series of experiments on the rapidity with which the current passes through metallic wires. They arranged their apparatus i nsuch amanner as to interrupt the current at short intervals simultaneously at different points of the conductor, observing, by means of a galvanometer, the variations thus produced, which varied with the number of the interruptions, and attained their maximum and minimum at certain numbers. Their investigations were conducted by means of the electric telegraphs between Paris and Rouen (288 kilom.), and between Paris and Amiens (314 kilom.), in one of which the wire is copper, and in the other iron. The results which they obtained are as follows:—1. The electricity passes with a rapidity of 101,710 kilom. in the second through an iron wire, having a diameter of 4 mmtr., and with a velocity of 177,722 kilom. through a copper wire, having a diameter of 2,5 mmtr. 2. Both electricities are transmitted with equal velocity. 3. The tension of the electricity, and the intensity of the current, have no influence on the velocity. 4. The velocities of the electric conducting capacity are not proportional in conductors of different nature. 5. When interrupted currents pass through a conductor, they become diffused, and thus occupy a larger space at their point of entrance than at their exit. 6. The velocity appears to be independent of the diameter of the conductor. 7. The velocity only varies, therefore, with the nature of the conductor, and the numbers above given indicate the absolute velocity for copper and iron. Wheatstone, in 1834, reckoned the velocity of electricity at 46,000 kilom. in a second, while Walker was led, from experiments which he conducted on electric telegraphs, in 1849, to place this velocity at only 30,000 kilom. in the minute. —*Comptes Rendus, November* 15, 1850.

Formulæ for the External Use of Glycerine. — Mr. Startin furnishes the following useful formulæ for superficial burns, scalds, or excoriations; intertrigo, chaps of the lips, herpes labiorum, &c.: ℞ Gum tragac. pur. ʒij ad ℥ss; Liq. calcis ʒiv; Glycerine purif. ʒj; Aq. rosæ dest. ʒiij. To form a soft jelly, to be used by way of ointment or embrocation.

For prurigo, lichen, strophulus, lepra, psoriasis, pruritus, &c.: ℞ Acid. nitric. dil. ʒss ad ʒj; Bismuth. trisnitr. ʒss; Tinct. digitalis ʒj; Glycerine purif. ℥ss; Aq. rosæ ʒviiss. M. for a lotion, to be used by dabbing the part.

For chapped nipples or hands, fissures of the lips, irritation of the skin of any kind, as after shaving, exposure to the sun, pityriasis, &c.: ℞ Sodæ biboracis ʒss ad ʒj; Glycerine pur. ℥ss; Aq. rosæ ʒviiss. M. for a lotion, to be used by dabbing the part affected.

For alopecia following fevers, &c., or for the falling off of the hair, dryness, or want of action of the scalp, thinness of the hair, &c.: ℞ Sp. ammon. co. ʒj; Glycerine pur. ℥ss; Tinct. cantharid. ʒj ad ʒij; Aq. rosmarin. ʒvij. M. for a lotion, to be used with a wet hair-brush once or twice a-day.

For "hot" rheumatism, or arthritic gout, neuralgic pains, sprains, bruises, stiffness, &c.: ℞ Lin. saponis comp. ℥iss; Glycerine pur ℥ss; Ext. belladon. ʒj. &c. M. for an embrocation, to be used twice in a day in the ordinary manner.—*Ranking's Abstract.*

MEDICAL INTELLIGENCE.

MEDICAL SOCIETY OF LONDON.

Saturday, November 16th, 1850.

Dr. J. R. Bennett, President, in the Chair.

ANEURISM OF THE AORTA.

Mr. Cauton read the following case, and exhibited the morbid specimen:—

Sunday, 14th April, 1850, 0h. 45min., A.M. Mr. Leonard was called to see Mrs. C. A. B——.

Found her writhing in intense agony, pale and livid, cold, and skin damp, with clammy sweat; no pulse at wrist, and the heart feebly fluttering under the hand; she complained of excruciating pain in the bowels and lower part of the abdomen. Had vomited a few minutes before his arrival. He found, on inquiry, that at 10 p.m. of the 13th, she had taken an aperient draught prepared by a druggist. Ammonia was exhibited, but she rapidly sank, and in twenty-five minutes had ceased to exist. Dr. Roe, whom she had consulted professionally about three weeks previously, was sent for, but death took place before his arrival.

It was ascertained that she had been out in the forenoon as usual; had supper (beefsteak) about 10 p.m.; then took the draught, and, without more complaint than usual, went to bed at half-past twelve. In about six or seven minutes a gentleman heard her scream, and with the servant went to her assistance; going immediately afterwards for medical aid. It appears that when she consulted Dr. Roe, she complained of difficulty of breathing, especially when ascending stairs, pain in the arm between the shoulder and elbow, pain below the middle of the sternum, and through to a point under the middle of the left scapula, together with extreme lowness of spirits, for which she could not at all account; he recommended her to go to Paris for a change. Sixty hours after death, Mr. Leonard, in the presence of Dr. Roe, examined the body.

It was that of a healthy female, about thirty-seven years of age. The subcutaneous cellular tissue was loaded with fat to the extent of two inches all over the abdomen, and proportionally on the chest. The omentum was in the same condition.

On tracing the small intestines up from the colon, a portion of the jejunum, to the extent of fifteen inches, presented traces of increased vascularity. The duodenum and stomach were healthy, without softening or separation of the mucous membrane. At the most depending part, or behind the œsophageal entrance, there was venous infiltration subsequent to death, the appearance being like that produced by coarse injection insufficiently driven in anatomical preparations. The kidneys were healthy. The liver also was healthy, but pale above, with venous engorgement below, as likewise were the other abdominal, and all the pelvic viscera. In the thorax, the lungs were excessively gorged with venous blood at the back or *lower* parts, (*as the body lay*).

The pericardium had much fluid in it, about three times the usual quantity; the heart was fat and pale, and the muscle thinner than usual.

The aorta was extensively diseased as far as the first intercostal arteries; behind the left sigmoid valve, and above the left coronary artery, was a large orifice the size of a shilling, leading into an aneurismal sac, which was pressing upon the pulmonary artery, and raising a little from its true position the bifurcation of the bronchial tubes;* a short distance above the orifice of the sac, were two other irregular openings, but they did not communicate with the sac. One of the bronchial glands above the aneurism was ossified.

The head was not examined. Death was produced by morbid changes in the aorta, inducing functional derangement from corresponding changes in the muscular structure of the heart, but accompanied with accidental circumstances, calculated to throw grave suspicions on the case.

NEW MEDICINAL INHALER, AND PNEUMATIC VASE.†

Mr. White read the following paper:—

The object that has caused me to come before your Society, is to introduce to your notice a plan for Medical Inhalation, which bears little resemblance to any other plan for the same end, if it may not claim to be an entire novelty. I call this first modification of my plan a "*Pneumatic Vase* with *Medicated Cylinder*." The vase is a mere case, furnished with certain air-passages, and formed to receive a hollow cylinder. The air-passages may be called lineal, as to form and calibre. I sometimes use two, at other times four of these holes or passages; and, with this inhaling tube, they form the whole of my pneumatic arrangements. What I call a "*Medicated Cylinder*," is, in plainest terms, a compound of medical and non-medical ingredients, massed and moulded into a cylindrical shape, with a central cavity, in which I burn two or three drachms of rectified spirits upon an asbestos wick; this furnishes a sufficient degree of heat to eliminate the medicated ingredients of the cylinder. This cylinder is composed of ʒj. assafœtida, gum ammoniac, Tr. opii, ana ʒij., and about ℥ij. of inert matters, the only merit of which is, that they are fire-proof, and while they minutely divide the medicated atoms in the mass, surround and present them to the action of heat.

I calculate this cylinder at 60 doses (or inhalations). Experience enables me to do so with sufficient exactness for all practical purposes; a dose more or less would be unimportant, for my doses are small. I might make them larger, but I will give a reason why they need not be, necessarily, large in my plan of inhalation, and in reference to larger doses used by other systems.

My plan of inhalation is in no way *diffusive:* I do not eliminate the medicated substances in any vessel of capacity; I do not heat and medicate a greater quantity of air at one time than is displaced in the ventages and the inhaling tube by each act of inspiration, and the warm medicated air, I have found, goes directly to the mouth. Herein, perhaps, lies the efficiency of my small doses, and distinguishes my plan from other systems of inhalation, where diffusion takes place, more or less. Gentlemen will therefore be good enough to look upon my Medicated Cylinder as a mass of medicals and non-medicals, with a large hole drilled through it, and as many small holes near the bottom as there may be air-passages to connect it with. This mass is heated, a vacuum is formed in the passages beneath it, and the external air, rushing through the cavity of the cylinder, becomes rarified and medicated in its passage to the breathing organs. A Medicated Cylinder offers facilities for the pneumatic employment of some medicines, objectionable on the score of bulk or other properties, to the mode of exhibition by the mouth: the class of gum-resins may be quoted, and assafœtida selected as an example. Employed in a *Medicated Cylinder*, the excellent but distasteful *assafœtida* creates no disgust, and the acrid *euphorbium* (a neglected medicine of great power) can be diluted with any amount of inert matters. A great variety of drugs, and some few chemicals (such as the sulphurets of mercury and antimony, &c.), might be used in Medicated Cylinders in almost any proportions or combinations; as also creosote or iodine. I would here also speak of a modification in the use of my apparatus when armed with a Medicated Cylinder, and used in spasmodic asthma. Where the patient could not inhale effectively, relief has been given by withdrawing the asbestos-wick, and filling the hollow of the cylinder with stramonium, or hop or camomile flowers, which matters being lighted, are smoked by means of an elastic, or snake-tube.

A special modification of the *Medicated Cylinder* is seen when it is used as a *Mercurial Eliminator*. In this vase, *cinnabar* forms 10 per cent. of the ingredients of the cylinder; the rest of the mass being, medically, inert. Powerful mercurial action is promoted by this plan, by burning a small spirit-lamp continuously with the inhalation; and as less than 5 per cent. up to more than 500 per cent. of the red or black sulphurets of mercury could be mixed up into a cylinder, grave and determined, or mild and gradual results may be obtained, either by inhalation or smoking. When I state that medicated cylinders may be replaced or renewed when worn out, at an inconsiderable expense, and without injury to the vase which contains them, I have said enough, perhaps, on this matter; other than by adding, that something like an equal power in their action may always be secured by rubbing the inner surface of Medicated Cylinders with a little sand or glass-paper: this rubs off the charred slough, and offers a fresh surface for new operations.

I have another adaptation (and I presume to hope that it will be deemed an important one) of my principle of *surface-elimination* in my "*Non-medicated Absorbent Cylinder*" here, meant for the exhibition of alcoholic, ammoniacal, and ætherial fluids (chloroform also), and prussic acid, &c. It is for such as tinctures holding extractive matters, that I have specially prepared (I might say invented) this sort of cylinder. In substance it is medically inert, incombustible, not likely to be affected by the ordinary chemical solvents; and that it can be made DEFINITELY *absorbent*, I beg to offer proofs in these two pieces of glass, upon which portions of the substance of this cylinder are attenuated—by pressure merely.

The power of absorption is there shown by dropping two drops of the lavend. comp. (one drop upon the other).

This dye-tincture will be seen to have made its way through the thinnest specimen, and failed to do so in the others of about twice the thickness; this, then, is the extent of absorption—about one-sixtieth part of an inch, or thereabouts, below the surface. If doubt should exist that any charge should not have been fully eliminated, a little sand-paper will clean the cylinder.

Spirituous fluids sprinkled over the inner surface of this cylinder (a surface of about nine square inches, and enough for small doses of our more active remedies), could be readily eliminated. But how of the extractive matters such menstrua may hold? Gentlemen, that is a pertinent question, and one that the honest-minded medical-pneumatist must answer. I trust that I may be able to do so satisfactorily.

Some gentlemen cannot be unaware of the avowed difficulty attending the elimination of any extractive matter which may not be volatile. On this head I will only say, that I think a medical-pneumatist is bound to carry all off before he can fairly aver that he has eliminated the portion wanted. It is to secure such a result that I have made, by art, this Non-medicated Absorbent Cylinder. Let spirit, holding extractive matter, be cast upon such surface as it presents, and what will take place? Will the spirit leave the extractive matter on this fine strainer, and, retiring behind it into this minutely cellular structure, leave the extract hanging as a veil of indivisible thinness over the openings to these cells? If it be so, then is each cell a cannon loaded to the mouth with explosive materials, and the portion of extract that covers it, is the wadding of this charged cannon! Now, light this lamp, and slowly pass it downwards by means of its central screw-shaft. What is the result of heat so applied? Can it be other than that rarefaction will do its work? And here the down-rushing current of air will doubtless assist the object.

The volatized and liberated spirit and the fragmentary wadding (if the latter be not re-dissolved), must be eliminated under the most favourable circumstances.

Or shall we say that the union of the menstruum and the extract remains intact—that the former cannot be filtered from the latter? Be it so; such a position is not less favourable for the ends of the medical-pneumatist; for each medicated globule of spirit is a cell-housed tenant, separated from its fellow-globules by the party walls of their respective cells. Such minute and isolated atoms can hardly escape the eliminating effects of heat; their small individualities could not resist so powerful an agent, but off they must come bodily (spiritually would not express my meaning so well), the menstruum, extract, and all!

Granting such advantages are little better than suppositions, surfaces of glass or porcelain do not affect it much. They are imporous (for all ends of argument here); the spirit cannot retire behind the extract into any cellular cavity, nor with it; and the advantage of eliminating powers would so appear to be in favour of more absorbent surfaces.

My brief remarks here end with my thanks for your kind and courteous attention. Should my plan be thought worthy of further

* On slitting up the pulmonary artery, its calibre was found to be abnormally lessened, from the projection into it of the aneurismal sac, which had so pressed upon one of the sigmoid valves of this vessel, as to have obliterated one-half of the pouch formed by it.

† These instruments can be obtained of Mr. White, 82, John Street, Fitzroy Square. The price o fthe non-medicated apparatus is we understand ,15s. each, to medical men.

consideration, it is every way at your service, without any unworthy reserve on my part. Meanwhile, all matters of convenient details (such as relays of cylinders to slip in and out, &c.) have not been unthought of by me, and await but your favourable recognition of the principles of surface-elimination.

Dr. Snow remarked that, at the Hospital for Consumption, the medical officers had long been engaged in trying experiments with respect to the inhalation of various narcotics. He had no doubt but that the results would soon be made known, perhaps, even through the medium of that Society.

Gangrene of the Right, and Malignant Disease of the Left Lung.

Mr. Middleton brought forward a specimen of extensive malignant disease affecting the whole of the left lung, of seven months' duration. The patient from whose body the specimen was taken, was a gentleman thirty years of age; his death having occurred the day before the meeting only, Mr. M. had not had time to draw up any history of the case. Notwithstanding the enormous amount of disease found in the left lung, that was not the cause of death, the patient having sunk from gangrene of the lower part of the right lung. During life there was extensive dulness all over the left side of the chest, but it could not be ascertained whether that arose from solidification of the lung, or from the cavity of that side of the chest being full of fluid.

Mercurial Treatment of Syphilitic Eruptions.

Mr. Hunt read a paper "On the Mercurial Treatment of Syphilitic Eruptions," under which designation he included all those morbid affections of the skin which are either preceded or accompanied by any of the well-known symptoms of syphilis or pseudo-syphilis, as well as eruptions of a copper colour, which can be traced to an hereditary syphilitic origin. The author considered all these diseases as the result of one and the same poison, and denied that mercury, *per se*, had the power of producing diseases resembling syphilis.

The author then endeavoured to establish two propositions, involving momentous practical consequences, viz., 1. That these eruptions, in all their forms and phases, whether scaly, tubercular, pustular, maculated, or ulcerated, will yield to mercury in small quantities rightly administered; but are liable to be aggravated by it when given in excess, or under unfavourable circumstances. 2. That these diseases seldom or never get permanently well without mercury.

Under the first proposition the author contended that mercury acted most favourably when so administered as to produce a shock, or a succession of shocks, on the system: that its continuous use was therefore injudicious, and often prejudicial, not only to the system, but to the disease; and that the full benefit of the course might be secured without injury to the gums or bowels, and without inducing the slightest degree of salivation. But it was necessary to give two or more courses, each successive course being more energetic than its immediate predecessor. The author considered that two advantages resulted from this mode of administration, viz., 1. Perfect safety. 2. Augmented efficiency: and that the occasional aggravation of syphilitic symptoms under a mercurial course, resulted from its overpowering effect on the system, by which the *vis medicatrix naturæ* was, as it were, paralysed. He then explained more fully his views of the peculiar action of mercury, by contrasting it with that of arsenic, thus:—

ARSENIC	MERCURY
Produces its therapeutical effects by slow degrees, and by its continuous use.	Effects its salutary purposes suddenly, or at least within a very limited period, or not at all.
Is a cumulative poison.	Has no cumulative action after the first few days.
May be given until the patient cannot bear the 1-500th part of a grain.	May be administered until enormous quantities prove inert.
Affects the nervous system first, then the vascular.	Affects the vascular system first; afterwards the nervous.
Acts through the circulatory system.	Acts on the extreme branches of the organic nerves.
Should therefore be given cautiously, in diminishing doses.	Should be poured in suddenly by way of shock, then suspended, the dose being increased on every successive course.

Mr. Hunt referred briefly to the success of Mr. Langston Parker in administering mercurial fumigation, as corroborative of these views, the advantage appearing to result from the rapid absorption of mercury and its consequent sudden action on the system. It was, however, admitted, that there are conditions of constitution and of health (well known to practical men), which rendered certain subjects altogether, or to a great extent, intolerant of mercury. These, however, the author believed to be rare exceptions.

With reference to the second proposition, viz:—That syphilitic eruptions seldom get perfectly and permanently well without mercury, Mr. Hunt admitted that they often *appeared* to recover both spontaneously and under alterative treatment, but he maintained that it was certain in many cases (and he suspected in a vast majority), that the recovery was only temporary; and his experience in cutaneous diseases led him to the observation, that the children of a parent who had been thus imperfectly restored, are liable to be affected with hereditary syphilis, and that an active mercurial course was requisite for the parent, in order to secure a healthful offspring, even although the father and the mother be both apparently free from disease. In fact, a large proportion of the cutaneous diseases met with in practice, were observed to be syphilitic, either from infection or hereditary.

The apparent recoveries from syphilis under non-mercurial treatment, or no treatment at all, were attributed to the powers possessed by the system, under favourable circumstances, of tolerating the poison for a time. This power was illustrated by reference to many curious facts in the history of syphilis, which did not appear to be explicable on any other theory.

The author concluded by expressing his opinion that the non-mercurial treatment of syphilis was an inefficient and ineligible practice, tending, if persisted in, to infect large masses of the community with hereditary syphilis. He deprecated the practice of allowing the blood to remain tainted, from generation to generation, with a poison which we have, in most cases, the power of destroying at once and for ever—a poison which, though generally less virulent of late years than formerly, yet often was observed to burst out destructively when least expected, most cruelly visiting on the children the sins of their fathers. He quoted the published opinion of Sir B. C. Brodie, that of late mercury has been too sparingly used for these diseases, and predicted that if the present generation should not practically adopt this opinion, posterity would re-echo the opinion under accumulated evidence of its truth.

Dr. Winslow would be glad to know the nature of the shock which Mr. Hunt supposed mercury inflicted on the system, and what alterations it caused in the organic nerves? Also, by what symptoms could we detect the existence of syphilis in the system in its latent form?

Mr. Dendy would ask for a description of the appearances in syphilitic eruptions. Biett had led the profession into error, by describing all such eruptions as copper-coloured. Abernethy and others were of opinion, that it is difficult to diagnose which were syphilitic eruptions, and which were not, from the appearances.

Mr. Hancock would ask how the courses of mercury were to be regulated. What symptoms were to guide the practitioner when he should leave off, and when recommence its administration?

The President suggested, that Mr. Hunt should reply to all questions and remarks at the end of the debate.

Dr. Daniels remarked, that the only point in Mr. Hunt's observations which required some consideration was, the universality of his exhibition of mercury. He had been many years connected with the Bath Hospital, where all sorts of cases of syphilis were admitted, and there was no doubt that in a great number of cases of syphilis and of syphilitic eruptions, Mr. Hunt's plan of treatment would be very useful, but it would be rather hazardous to employ it in every case, where there was even a suspicion of the disease existing. In some cases he had found the employment of mercury injurious; the eruption instead of becoming paler became of a darker tint. He (Dr. D.) had no doubt that the disease might be transmitted from the parent to the child, but he had also seen appearances closely resembling the disease so transmitted, when there was not the slightest ground for suspicion. He recollected one case especially, where the father died under salivation for a diseased condition of the liver, without the slightest trace of syphilis, and yet symptoms resembling it appeared in the child.

Dr. Crisp believed with Mr. Hunt, that mercurial treatment was most likely ultimately to benefit the patient, but he thought that he (Mr. H.), had not drawn a sufficient distinction between the different sores, and he wished to know if he would use mercury in all cases.

Mr. Hunt remarked, that he had not alluded to primary sores, having confined himself in his paper altogether to the secondary affections.

Dr. Crisp observed, it was difficult to get at facts. Mr. Hunt, in his paper, had alluded to a woman giving disease to a man who had connexion with her, she not having any appreciable sign of disease. A woman, he thought, might have the matter of gonorrhœa left on her person by one impure connexion, and impart in the next without being herself diseased. He (Dr. C.) had the

greatest reverence for John Hunter, but he thought that no one had written on the venereal disease, who had drawn so many false inferences. He (Dr. C.) then remarked, that pseudo-syphilis does not occur in the workers in quicksilver, or in the quicksilver miners, or in their children; and added, that the natives of Africa, who, when labouring under syphilis, were not appropriately treated, soon suffered from affections of the bones. In no other form of syphilis than the secondary symptoms in children, were the peculiar advantages of mercury so manifest. He usually gave a grain of hydr. c. cretâ twice a day in such cases, and at the end of a fortnight it usually produced most marked and beneficial effects.

Mr. B. Travers had had a remarkable case lately under his care, which involved a point of importance in respect to the action of mercury in secondary disease. The patient was a married woman, moving in a very respectable sphere of life, and whose husband had never had anything more than gonorrhœa, or gonorrhœal sore—what he would call an inoculated excoriation. About a year ago, the woman was diseased by her husband; she had sores on the pudenda; subsequently, a suspicious sore throat, and afterwards manifestations on the skin. There was also a copper-coloured cicatrix of a sore on the leg. She had been twice salivated before Mr. Travers jun. saw her, and had also taken the hydriodate of potash without the slightest effect being produced on the chronic character and progress of the disease. When first seen by Mr. T., there were sores and an eruption at the back of the neck, rupial crusts on the vertex, sore throat, an unhealed sore on the leg, and a discharge. The patient, as must be evident from all this, was in broken health. Mr. T. believed that her complaints were caused partly by disease, and partly by the remedies used. He (Mr. T.) recommended inunction with the Ung. Hyd. Fort., ʒj. to be rubbed in on the inside of the thighs every night, sulphuric acid and bark, twice a day; the application of the Ung. Hyd. Nit. to the crusts, and a gargle of muriate of ammonia, with nutritious diet. He saw this patient yesterday for the second time for eight weeks: she was then perfectly cured. The Ung. Hyd. Fort. had been rubbed in every night, and had caused a moderate salivation. The previous salivations had been produced by the internal administration of mercury, with no other result than exasperating the local disease, and breaking down the health. He (Mr. T.) had, on more than one occasion, seen the disease cured by inunction, when mercury, given internally, had previously failed repeatedly.

Mr. Dampier referred to a fact which Mr. Hunt omitted to notice. Patients with secondary symptoms sometimes deny having had a primary sore. In such cases he (Mr. D.) always examined the urethra, when he generally found the sore. He had seen this frequently in his own practice, and in that of Mr. Langston Parker.

Mr. Robarts remarked that Mr. Hunt had overlooked one of the most common causes of the failure of mercury. In anemic individuals mercury will not produce any effect, or if it do, it will be injurious, unless its use be preceded by the administration of steel. As the patients improve in health, so will the eruption improve; if it should not do so, then mercury may be advantageously given. On the other hand again, plethoric persons are not easily brought under the influence of the mineral, unless it be combined with saline aperients, and the patients take warm-baths, &c. In syphilitic eruptions local treatment is always useful, for the disease is both local and constitutional. When mercury fails to produce its proper action, it is owing to some latent error in the system.

Dr. Golding Bird concurred in the opinion that nothing was so satisfactory as the treatment of secondary syphilis in infants, at the same time no inferences could be drawn from that, as regards the same disease in the adult, as the infant had not been influenced by the previous exhibition of mercury, nor by any of those causes which are so rife in depressing health. Mr. Robarts remarks were very important; in the children brought to hospitals with secondary syphilis, there were besides to combat both cacoemia or bad blood, and anemia, a want of blood. The result of the administration of mercury to children in these cases seems quite wonderful; they absolutely seem to fatten on the mercury and chalk, in consequence of its removing the poison in the blood which is destroying them. In many cases, however, it does not completely remove the poison; generally in the course of a twelvemonth or two years, another form of disease, condylomatous sores, breaks out. This may, in many instances, be prevented by building up the system with iron, after the mercury has been left off. In anemic cases he gave twice a day one grain of hyd. c. creta, with three or four grains of the brown sesquioxide of iron. The brick red sesquioxide is quite useless. He thus built up a healthy blood, and restored the strength.

Mr. Dendy thought that Mr. Hunt and Drs. G. Bird and Crisp were in error with regard to the nature of the disease. He had no hesitation in saying that many of the cases alluded to by Dr. Bird were not syphilitic at all. A copper-coloured spot may appear, especially in a child, without any syphilitic taint. Of this he had seen many examples at the institution to which he belonged, where there was a lower class of patients than usual at hospitals. Almost any form of syphilitic eruption may appear in children without any such taint in the parents. With regard to the successful treatment by hyd. c. creta, that did not prove the syphilitic origin of the disease, as mercurials will also cure other diseases. He decidedly agreed with Mr. Hunt as to his mode of giving mercury, and also with Dr. G. Bird and Mr. Robarts, as to the propriety of exhibiting tonics, not only after, but with the mercury. He (Mr. D.) employed the syrup of the iodide of iron with the hyd. c. creta. He differed in opinion with Mr. Hunt when he said that mercury could not produce disease, when its use is not preceded by syphilis. He had always been led to look upon syphilis and mercury as intense poisons, and that the mineral cured the disease by acting as a poison, its action wearing out when that of the other would not. When the action of the poison of syphilis ceased, that of the mineral commenced.

Dr. Golding Bird had not spoken of copper-coloured eruptions, but of secondary syphilis in the children. In many cases the mothers had syphilis, for which they were under treatment at the same time. Hematogenic or blood-making remedies were required afterwards, and not mere tonics.

Mr. Nunn would wish to ask Mr. Hunt, as he admits syphilis to be a blood-disease, and mercury, which causes it, he states to act on the organic nerves,—in what way does a remedy acting on the nerves, cure a blood-disease?

Mr. Hunt remarked, in reply, that all the facts adduced confirmed the statements he had advanced. As to the signs of latent syphilis, the very fact of its latency precluded their being known. The disease may be latent for ten or twelve years, and then break out. He believed that the exhibition of mercury in a sufficient number of courses would destroy all latent disease. He would not undertake to explain the action of mercury, nor had he in the paper touched upon the signs of syphilis, in relation to its diagnosis. He applied the term to that disease, when all its ordinary characters are present and in the usual order. Every copper-coloured eruption is not syphilitic, neither is every syphilitic eruption copper coloured. With respect to the treatment, the patient should be seen daily, not once a week; then, as soon as some effect has been produced, the mercury should be stopped, and aperients or steel given, as may be required. The second course should be more active than the first. If the bowels are not irritable, blue pill may be used; if they are, then inunction may be employed. He could not believe that mercury could produce the same diseases as syphilis. Mr. Travers' case was very interesting, and fully supported his views.

LONDON UNIVERSITY EXAMINATION.

Monday, November 4.—*Morning,* 10 *to* 1.

PHYSIOLOGY.

Examiner, Dr. CARPENTER.

1. In what does the process of *digestion* essentially consist; what share in it is performed by the salivary, gastric, pancreatic, and hepatic secretions respectively; and what are the results of its operation upon different kinds of alimentary material?

2. Compare the physiological condition of Reptiles, Birds, and Mammals, as regards the relative activity of their *circulatory* and *respiratory* functions, and the influence of this activity upon the production of heat and the general train of the vital operations; and describe the mechanism concerned in each case.

3. What are the nerves concerned in the act of *deglutition*; and what are the inferences you might draw from the circumstances under which that act may be performed (as shown in states of disease, and by experimental inquiries) with regard to the nature of reflex action in general?

4. Compare the structure of the compound eye of the *insect* with the single eye of *man*, and show how each of them becomes subservient, as an optical instrument, to the reception of visual impressions: point out, also, the share which the *mind* has in the ordinary exercise of the visual sense, and state how this may be proved.

5. What is the nature of the *muscular sense:* and what share does it take in the performance of voluntary movements?

6. Describe the successive modes in which the *human fœtus* derives nourishment from its parent; and mention at what stages

in the evolution of this plan, it is checked in fishes, reptiles, birds, and the inferior mammalia.

Monday, November 4.—*Afternoon*, 3 *to* 6.

GENERAL PATHOLOGY, GENERAL THERAPEUTICS, AND HYGIENE.

CELSUS DE RE MEDICA.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Explain what is comprehended under the expression *physical diagnosis*, as applied to the investigation of diseases.

2. Give an outline of the principles on which the treatment of spontaneous hæmorrhages should be conducted.

3. When there is predisposition to gout or rheumatism (hereditary or acquired), sketch the hygienic rules you would recommend with a view to prophylaxis.

4. Translate the following passage into English:—

De frictione verò adeò multa Asclepiades, tanquàm inventor ejus, posuit in eo volumine quod "communium auxiliorum" inscripsit, ut quùm trium tantùm faceret mentionem, hujus et aquæ et gestationis, tamen maximam partem in hâc consumpserit. Oportet autem neque recentiores viros in his fraudare, quæ vel repererunt vel rectè secuti sunt; et tamen ea quæ apud antiquiores aliquos posita sunt, auctoribus suis reddere. Neque dubitari potest, quin latiùs quidem et dilucidiùs, ubi et quomodò frictione utendum esset, Asclepiades præceperit; nihil tamen reperit, quod non à vetustissimo auctore Hippocrate paucis verbis comprehensum sit: qui dixit, "Frictione, si vehemens sit, durari corpus; si lenis, molliri; si multa, minui: si modica, impleri." Sequitur ergò, ut tùm utendum sit, quùm aut adstringendum corpus sit quod hebes est; aut molliendum quod induruit; aut digerendum in eo quod copiâ nocet; aut alendum id quod tenue et infirmum est. Quas tamen species si quis curiosiùs æstimet, quod jam ad medicum non pertinet, facilè intelliget omnes ex unâ causâ pendere, quæ demit. Nam et adstringitur aliquid, eo dempto, quod interpositum, ut id laxaretur, effecerat; et mollitur, eo detracto quod duritiem creabat; et impletur non ipsâ frictione, sed eo cibo qui posteà usquè ad cutem digestione quâdam relaxatam penetrat. Diversarum vero rerum in moda causa est.

Tuesday, November 5.—*Morning*, 10 *to* 1.

SURGERY.

Examiners, Sir STEPHEN HAMMICK and Mr. HODGSON.

1. Name the different forms of erysipelas: describe the appearances, symptoms, and progress of phlegmonous erysipelas: state the most frequent causes of that disease, also its pathology: mention the principal modes of treatment which are employed, and state those which you should adopt.

2. Give the various dislocations of the shoulder-joint, with the method of reducing each variety; and in case of being unsuccessful in your first attempt, state the means to be pursued to secure a more fortunate result of other trials.

3. What is a femoral hernia? Describe the symptoms and treatment of a femoral hernia, when in a strangulated state; and when an operation is required, give the method of performing it, with the subsequent management of the case, up to a favourable, or any other termination.

Tuesday, November 5.—*Afternoon*, 3 *to* 6.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Describe the local phenomena and terminations of inflammation.

2. Give a definition of purpura. Enumerate its varieties, and sketch the progress and treatment of purpura hæmorrhagica.

3. Sketch the different forms of insanity. How is mania to be distinguished from febrile delirium, or from delirium tremens?

Describe the general and local symptoms of empyema, its diagnosis, terminations and treatment.

5. Give an outline of the pathology and treatment of scarlatinal dropsy.

6. Describe the causes, diagnostic symptoms and treatment of hydro-pericardium. Explain also how secondary effusions into the pericardium may take place.

Wednesday, November 6.—*Morning*, 10 *to* 1.

MIDWIFERY.

Examiner, Dr. RIGBY.

1. Enumerate the symptoms of pregnancy; and then state which are the certain, and which the uncertain ones.

2. Describe the last stage of natural labour, and your management of it.

3. Enumerate the indications for using, and the rules for applying the forceps.

4. Describe the various forms of contracted pelvis.

Wednesday, November 6.—*Afternoon*, 3 *to* 6.

FORENSIC MEDICINE.

Examiners, Prof. BRANDE, Dr. PEREIRA, and Dr. RIGBY.

1. Describe the distinctive characters of *oxalic acid*, and the means of detecting it, whether free or combined, in organic mixtures.

2. How may the presence of chloroform be ascertained in the blood, and in the organized tissues?

3. Describe the symptoms and treatment of poisoning by the essential oil of bitter almonds.

4. A pregnant female is suspected to have died from the effects of savine. On *post-mortem* examination a green powder is found in the stomach. By what characters would you recognize it to be savine?

5. Enumerate the evidences of recent parturition in a living woman.

6. Describe the condition of the uterus after labour at the full term of pregnancy.

THE PUBLIC HEALTH.—The mortality of London, which rose, in its weekly sum, considerably above 900 at the end of October, when a sudden fall of temperature was experienced, has again declined, but only to a small extent, during the succeeding period, in which the thermometer, as regards the mean value of its indications, has nearly recovered its former position. In the last three weeks the deaths have been successively 945, 921, and 908. Taking the ten weeks of 1840-49 which correspond to that ending last Saturday, the average number was 991; and if this be increased in the ratio of probable increase of population it becomes 1,081, compared with which the 908 deaths registered last week show a decrease of 173. In the present return consumption is fatal in 125 cases, which is rather below the corrected average; more than 100 of these occurred amongst persons between 15 years of age and 60. From all other affections of the respiratory organs (exclusive of hooping-cough) the deaths amount to 148, which is under the average; but it will be observed that though pneumonia, which carries off principally young persons, is now less severe than usual, bronchitis, which is spread more equally among all ages, is fatal to rather more than its ordinary amount at this season. Amongst contagious diseases small-pox was fatal in 13 cases, of which two occurred to men above 20; and this disease has lately shown a tendency to increase. There died also 24 children of measles, and 27 of hooping-cough; 35 children and four adults died of scarlatina; 22 persons of diarrhœa and dysentery; but no case of cholera was registered in the week. Typhus now predominates in this class of diseases; and it was fatal last week to 56 persons. A death from low fever in John-street, Tottenham-court-road, is directly ascribed by the medical attendant to deficiency of sewerage; and a flagrant example of disease and death arising from the neglect of cleanliness within doors, and the want of sanitary arrangements without, occurs in Warwick-place, Hoxton, and is recorded by the registrar of the district. Within the last fortnight no fewer than nine persons labouring under typhus have been brought to St. Luke's workhouse from Warwick-place. In this place is a small court, consisting of dirty houses, which are ill provided with windows, and almost destitute of drainage, whilst the inhabitants have the greatest difficulty in getting the refuse removed by the contractor.

It is found in several instances that households have lost two or more of their inmates by epidemics. In Hoxton Old-town, the wife, the son, and the daughter of a publican, all died of scarlet fever within a week, the first two on the same day. In Wellington-street, Whitechapel, the two sons of a sawyer died from a malignant form of the same disease, one on the 10th, the other on the 14th of November. In St. John's-road, Battersea, on the 4th and 7th of November, the two children of a tailor died from measles and hooping-cough, terminating in one case in hydrocephalus, in the other in remittent fever. Also in Harper-place, St. George's-in-the-East, the two sons of a sawyer died of measles within four days, whilst "another child (says the registrar) is not expected to live." In a house in Broad-street, St. Giles', five persons have been attacked by scarlet fever, and in two cases with fatal results.

A case of destitution and low fever in a female, who was ultimately taken to the workhouse, was registered in Westminster. The deaths of two women are ascribed to intemperance.

A woman died in Greenwich at the advanced age of 100 years, of paralysis; and another at the age of 101 in Limehouse.

The births of 787 boys and 794 girls, in all 1,581 children, were registered during the week.

The mean reading of the barometer at the Royal Observatory, Greenwich, was above 30 inches on Sunday, Thursday, and Friday. The mean of the week was 30 in. The mean temperature of the week was 46.2°, which is rather more than the average of the same week in seven years. On Sunday, Monday, and Tuesday, it was from 6° to 8° above the averages of these days. On the next three days the mean temperature was only about 39°, and was 4° and 5° below the average; but on Saturday it again rose to 48°, which is 5° above it. The wind was for the most part in the south-west; but in the middle of the week blew from the north.

The following selections are made from the Registrars' Reports:—

In Pancras, Tottenham sub-district, at 14 John-street, Hanway-street, on the 8th November, the wife of a tailor, aged 53 years, died of "low fever from defective sewerage (17 days)." The place (says Mr. Wells) is close and crowded.

In Pancras, Camden-Town sub-district, at 7 Thornley-place, Skinner-street, the widow of a shoemaker, aged 78, died of "diarrhœa (2 months), bronchitis (2 weeks)." Mr. Holl makes the following statement with regard to this case:—"The death of this woman occurred on the 5th instant, but was not registered till the 16th, the funeral being appointed for the 17th. On inquiring the cause of delay, I was informed that the persons in charge could not command the means of burying, and therefore the body was kept for a period of 12 days in a two-roomed house, situated in a narrow court, where within a month two persons had died from typhus and pneumonia. A similar case occurred last week in Lower Edmund-street, King's-Cross, where the deceased was kept for 10 days in a house of six rooms, each of which was occupied by a separate family."

In Pancras, Kentish-Town, at 4, Salisbury-street, Agar-Town, on the 8th November, the son of a wire-worker, aged 2 years, "scarlatina (four days)." Mr. Hacker states that the place is badly drained.

In St. Giles-in-the-fields (South sub-district), at 55 Broad-street, on 10th November, the son of a chair-maker, aged 17 years, died of "scarlatina, typhus (three weeks)." Mr. Faulkner was informed by the medical attendant that "this is the fifth person in the house who has been attacked with scarlet fever, and that two died with symptoms of typhus." Also at 11, Wild-court, on 15th November, the daughter of an iron-founder, aged 21, died of some unknown cause. She wished medical assistance, but did not obtain it. On the day previous to death she had a severe attack of diarrhœa and vomiting.

In Hoxton New Town, in St. Luke's workhouse, the wife of a type-founder, aged 28, died of typhus (17 days). Mr. Skegg states that "she was brought from 7, Warwick-place, Whitecross-street, an overcrowded, dirty, and low neighbourhood." Also in the workhouse, on 9th November, a type-founder died of "typhus (16 days)." He was brought from 9, Warwick-place. No less than nine persons, including four children, have within the last fortnight been brought from the same locality to the workhouse, all suffering under typhus, and three of them are dead. Two of the deceased were husband and wife, of very filthy habits, who suffered their four children to live in a like or even worse condition than themselves; and the whole family occupied a single room. The woman who lived at No. 7 was cleanly in her person, and is supposed to have caught the fever in waiting on her neighbours. One division of Warwick-place is a kind of court, consisting of sixteen houses, and on one side there are ten dirty houses (only three rooms, one over the other, in each house, and no back windows). There is only one privy, with a cesspool beneath, which serves for the use of the sixteen houses. There is no drainage, except a narrow surface drain running down the middle of the court. There is only one repository for dust in the whole of Warwick-place (consisting altogether of about twenty-six houses), which, when full, the inhabitants have the greatest difficulty in getting the contractor to empty, consequently it becomes a great nuisance, and renders the place very unhealthy. There is also a kind of stabling opposite the dust-hole in which two pigs are kept, thereby adding to the nuisances already mentioned.

In Bethnal-green, Town sub-district, at 12, Winchester-crescent, on 6th of November, the son of a poulterer, aged 16 years, died of "typhus (five weeks)." Mr. Gregory describes the place as very close and confined.—*From the Weekly Return of the Registrar General.*

THE INSTITUTE MEDICAL JOURNAL.

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MEETINGS OF SOCIETIES.

MEDICAL SOCIETY, Saturday 23, at 8 P.M.

MEDICO CHIRURG. SOCIETY, Tuesday 26th, at half-past 8 P.M.

BOTANICAL SOCIETY, Friday 29th, at 8 P.M.

MEDICAL SOCIETY, Saturday 30th, at 8, P.M.

THE INSTITUTE.

LONDON, SATURDAY, NOVEMBER 23, 1850.

THE CORONER'S COURT.—No. IV.

THE Middlesex Magistrates have at length formally taken up the question of a Reform of the Coroner's Court. At their meeting on the 17th of October last, held at Clerkenwell for the despatch of general business, it was referred to a special committee to report upon the improvement capable in the arrangements and machinery of the Court over which the Coroner presides. Whatever result they arrive at can, of course, only affect the County of Middlesex. We desire, nay, insist upon the necessity of, a uniform measure for all the counties of England, enacted by the authority of Parliament; at the same time we are sensible that the reform we advocate has made considerable advances when it is even discussed by a body of gentlemen so influential, and so little prone to change, as the magistrates of Middlesex.

We must, however, frankly confess to our readers, that we have not too much confidence in the efforts of these gentlemen. Their present activity appears mainly to have been induced by an economical, if not a lower motive. Coroner's fees come to so much; the fees of medical witnesses come to so much; therefore we will inquire, report, and reform, and above all reduce the expenditure. This has been their argument, and they have found it all sufficient. Were it the question of a new prison upon a pet plan, with pet regulations for pet prisoners, where magisterial visits were daily made, and magisterial importance hourly felt, thousands would be lavished without a murmur. But it is a question altogether of a different character. It concerns the lives of her Majesty's subjects, but the dignity of none in the Commission of the Peace can be increased or developed by the proceedings on a Coroner's Inquest. Therefore, every guinea must be watched with the eye of a lynx ere it is allowed to depart from the county coffers.

Magistrates have much to answer for in their supervision of Coroners' Courts, and in their disallowance of Coroners' fees. We wish not to exaggerate or offend, but it is a melancholy part of contemporaneous history that, when it was discovered in one of our Eastern counties that murder after murder, by poison, had been consigned to the oblivion of the grave, without the smallest investigation, and the Coroner was bitterly reproached for his negligence, he gave as an excuse that he dared not hold the inquests, as the magistrates complained of, and refused the necessary expenses!

While we are writing, an instance occurs to us which happened so recently as the 20th of October last. Mr. BAKER, on the evening of that day, held an inquest in the parish of Saint Luke, Middlesex, on the body of a female child three months old. The circumstances were suspicious, but no medical witness had been summoned. The summoning officer was asked by the Coroner the cause of his omission. He replied that "he had not summoned him as he knew he would have demanded his fee of one guinea, and he was not going to take upon himself the responsibility of bringing him before the jury as a medical witness." The jury were surprised at this statement, and the Coroner remarked that "the Middlesex magistrates were desirous to cut down the expenses in every possible way, and they had endeavoured to do so in respect to medical witnesses at Coroners' inquests. He thought that it would be found not to be a prudent course." So think we; and Mr. BAKER directed the jury to record the unsatisfactory verdict of "found dead," in the absence of medical testimony to direct their judgments to a clear and definite issue. A more pregnant comment could hardly be offered upon the reforming tendencies of the Middlesex magistrates, and we, at least, are justified in withholding from them our implicit confidence.

If we have little faith in the magistrates of Middlesex or elsewhere, we have unlimited faith in the force of truth and common sense; and inquiry into abuses is always a step in the right direction. We are bound, moreover, to add, that Mr. ARMSTRONG, who introduced the question at Clerkenwell to his brother magistrates, was actuated by no illiberal or captious spirit. His resolution, which was ultimately merged in the appointment of a committee, would have pledged the bench to the payment of the Coroner by a fixed salary, and the appointment of a district medical officer at a fixed salary also. This is as it should be. The system of payment by fees is invariably objectionable. With few exceptions it has been abolished in all our courts, from the Lord CHANCELLOR to a County Court Judge—the Alpha and the Omega of the judicial alphabet. Wherever it prevails, as in the Coroner's Courts, the efficiency and utility, both of the judge and the court, are materially diminished.

There is a mode of getting rid of the difficulty and injustice of payment by fees, far more concise and involving less trouble than the report of any bench of magistrates in the kingdom. We beg to suggest it. Without disturbing the foundations of the Coroner's office, preserving to the freeholders their ancient right of election, we would nevertheless relieve the magistrates from all responsibility, by paying the Coroner and his medical officer out of the consolidated fund, and elevating them to the rank of public servants instead of county stipendiaries. Thus they would be thoroughly independent in the exercise of their functions; no longer obnoxious to censure for performing works of supererogation for the sake of fees; and relieved from the indignity of having their claims rejected and their services unremunerated by a capricious and incompetent tribunal.

Those who have thought fit to follow the course we have taken, in reference to the Reform of the Coroner's Court, will not fail to perceive that there are other topics we have yet to discuss. The most prominent of these is the appointment and the adequate payment of permanent Medical Officers, whose special duty it shall be to make *post mortem* examinations, in each Coroner's district throughout the country. This topic, with others of lesser importance, we shall recur to.

THE THEORY OF INFLAMMATION.

Two very important productions have just come before the profession, in the shape of Prize Essays. The Astley Cooper Prize Essay for 1850, by J. Wharton Jones, F.R.S., on "The State of the Blood and Blood-vessels in Inflammation," published in the last number of Guy's Hospital Reports, and Mr. Henry Lees' Essay, which gained a prize from the Royal College of Surgeons, "On the Origin of Inflammation of the Veins, and on the Causes, Consequences, and Treatment of Purulent Deposits." It is important that the medical practitioner should be made aware of the contents of these productions, without delay.

Extracts from the practical part of Mr. Lees' work will be found in our Compendium, in a former number of '*The Institute*;' but we consider that every individual interested in the science and practice of medicine, ought to peruse the original works.

The doubt which has attached to the prevailing theories of inflammation, must have been obvious to every reflecting man of science. Where the theory is unsatisfactory, the practice is too apt to be uncertain and vacillating. It cannot be said that the treatment of inflammation, the most common of all the processes to which the body is subject in a state of disease, is at this moment established on fixed principles, although we are willing to admit that the judgment of a sound practitioner, founded upon the recorded results of the experience of the last two thousand years, seldom allows him to fall into any grave practical error. Nevertheless, if we knew more accurately the nature of the inflammatory process, our principles of treatment would, no doubt, be immediately improved. The practitioner has to bear in mind that our object in practice is not limited to the safe conduct of a dangerous process through its various phases, but we regard the abortion or the abridgment of that process, the diminution of pain, and of the sum of the inconveniences attending it, as triumphs of the art; and ever regarding inflammation, in its natural tendencies, as a salutary process, to comprehend its essential character is to have the power of assisting nature to secure the *cito, certe, et jucunde* in arriving at her beneficent results.

In Professor MILLER'S 'Principles of Surgery,' the work most recently brought before the profession, embracing the doctrine of inflammation now taught in the schools, we find the following account of the inflammatory process:—

"I.—The action commences with determination of blood to the part; and that fluid is sent through it with an augmented velocity. At first, the capillaries and minute arteries are of diminished calibre; which may result from an inherent contraction of their walls. This contraction may be considered analogous to spasm; while the dilatation that succeeds, may be likened first to relaxation, and afterwards to paralysis. But soon this spasm or increase of tone in their coats passes off; they gradually yield before the increased and increasing flow, while yet the rapidity of this is not sensibly diminished. After a short time, the spasm has not only disappeared, and the wonted capacity been regained, but dilatation beyond the normal standard is begun. Capillaries, which previously contained but single files of the red corpuscles, now admit of them rolling through in masses; and these come crowding in. In consequence, vessels formerly invisible, are now seen plainly; and the accelerated motion of the general current is as yet but little abated. *As dilatation increases, however, the flow tends to become more and more retarded.* In such a state of matters, it need not afford surprise to find a tendency to unusual transudation; in other words, along with an increased circulation, comes an increase of the ordinary function of the circulation. The blood parts with a portion of its contents more liberally than in quiet health. The transudation may be chiefly serous; or the liquor sanguinis is found on open surfaces, and in interstitial spaces the natural function of the part is exalted. If this be secre-

tion, the secreted fluid is increased in quantity, yet with its normal characters scarcely, if at all, changed. Nutrition is exalted also; and the fibro-areolar tissue is fuller than before, giving slight increase of bulk.

"Thus is constituted the first stage, *simple vascular excitement*, synonymous with the *vital turgescence* of some physiologists.

"Partly from this cause, partly on account of change in the blood itself, which seems more viscid, with its corpuscles less distinct, and partly also from an increase of vital attraction between the blood and surrounding parenchyma, the circulation loses its acquired rapidity, and becomes slower even than in health. The red corpuscles are no longer limited to the central current, but encroach more and more on the lateral and clear 'lymph spaces.' The colourless or 'lymph globules' are increased in number; and, by becoming unusually adhesive to each other and to the walls of the vessels, are supposed to act obstructively, contributing to the slowness of movement in the blood. Exudation is more copious than in the previous stage, and of a different kind. It consists chiefly of liquor sanguinis, and this is altered from the healthy standard.

"The natural function of the part begins to be perverted; for example, secretion is not only increased but changed in its character. By fibrinous interstitial deposit the texture of the part is softened and enlarged. The 'formative power,' as it is termed, is disordered; and the supply of plastic material is greater than can be usefully and normally appropriated by the implicated tissues. In other words, nutrition, or the normal and vital relation which subsists between the living tissue and nutrient materials contained in the blood, is becoming more and more disturbed. Thus is constituted active congestion; the arterial trunks in increased play, but the circulation becoming slow in the part; its vessels beginning to be over-distended, and losing tone thereby; its blood undergoing change, the fibrin especially being increased, both in quantity and plasticity; exudation of liquor sanguinis taking place, more or less copiously; function and nutrition perverted, we are leaving the confines of health, and have, indeed, already made some progress into the territory of disease.

"III.—*True Inflammation.* The change which, in the preceding stage, had begun in the blood, is now completed. The over distension of the capillaries is established; the capillary power is for a time gone—perhaps in consequence of diminution or actual suspension of their nervous influence; and the coats of the capillaries and other vessels are spongy, softened, and impaired in cohesion, being themselves the subjects of structural change. The languor of circulation approaches stagnation, and at some points this has actually occurred; every part of the distended capillaries is occupied by crowded coloured and colourless corpuscles. And this crowding and obstruction may be occasioned, as formerly stated, by viscidity of the blood, by increased vital attraction between the blood and the parenchyma, by increased vital attraction in the corpuscles of the blood to each other, and by accumulation of the coloured corpuscles, which are supposed to adhere with unusual tenacity not only to each other, but also to the capillary walls. Altered liquor sanguinis is exuded in profusion. The attenuated and softened capillaries also give way in their coats; and from the lesion, blood is extravasated in mass. Suppuration is in progress, by extravascular degeneration of the fibrinous exudation, or, as some suppose, by a secretive elaboration of it ere yet it has left the vessel. The parenchyma, infiltrated by liquor sanguinis, pus, and blood, softens, and is broken up; and the disintegrated texture becomes mixed with the escaped contents of the vessels. The formative power has ceased; and the opposite condition, a tendency to disintegration, from diminution of vitality, has become established. Disorder of function is complete; secretion, for example, being in the first place arrested, and, when restored, more vitiated, than before.

"*In the circulation of the part truly inflamed, all is sluggishness and stagnation; but that of the parts around is unusually active.* The arterial trunks in the vicinity continue to play with increased energy; blood continues to be sent, but cannot now be transmitted in its direct course; in the inflamed part it meets an obstruction, and, being sent round another way, throws a stress on the collateral vessels; these, however, retain vigour sufficient for ths augmented labour, and pass the current briskly round. But, in their turn, they themselves may be overborne by an extension of the disease; and thus the course of circulation may be rendered, at each such extension, more and more circuitous.

"While the apparatus of deposit is thus unusually busy, that of absorption is in abeyance. During inflammation, the lymphatics and minute veins do little or nothing as absorbents. On yielding of the action, however, not only does effusion begin to abate, absorption again comes into play, and that actively; and by its means the part is often restored nearly, or altogether, to its former state. During inflammation of a serous membrane, for instance, a large amount of liquid effusion often rapidly accumulates within its cavity; so long as the action persists, that fluid either remains stationary, or receives an increase; but so soon as the inflammatory process has fairly given way, and resolution is in progress, the effusion plainly diminishes, almost *pari passu*, and in two days, or perhaps in but a few hours, it may have, in great part, disappeared."

This is undoubtedly a lucid description of the most generally accredited doctrines of inflammation of the present day; but it is important that the practitioner should know that the observations and experiments made by Mr. W. Jones have led that gentleman to diametrically opposite conclusions in some important points, which, if verified by other microscopists, and generally admitted, will make a material change, not to say an entire revolution in the Theory of Inflammation.

Mr. W. Jones finds that constriction of the small arteries is the first step to the inflammation of a part—the commencement of the inflammatory process. When this process is set up by an irritant or by cold, experiments are in favour of the view that the direct effect of the cause is upon the "nerves of the arteries" and not by reflex action through the sensitive nerves. The constriction of the arteries produces a sluggish flow of blood, and here and there stagnation. The direct effect of the irritant upon the blood itself is to withdraw water by endosmose, thereby inspissating the plasma as regards its albumen and fibrinous constituents, and promoting the adhesion of the red corpuscles to the walls of the vessels and to each other, thus producing the stagnation. The bluish redness indicates great accumulation of blood in the venous radicles which can only be produced by constriction of the small arteries, whereby *vis a tergo* is diminished, and the blood is allowed to regurgitate and accumulate in the small arteries and capillaries.

The effect of *dilatation* of the small arteries can only be the *acceleration of the flow of blood*, and dilatation is the first step to *reaction* and *resolution*. When this dilatation takes place, the acceleration of the flow of blood may overcome the congestion and stagnation in the capillaries, and venous radicles, in which case, there would be resolution of the inflammation; but this failing to be accomplished, the dilatation of the arteries will tend to aggravation of the inflammation, by allowing a greater portion of the blood to be pressed into the vessels of the part, than can escape in consequence of the persisting obstruction from stagnation. Thus, in an established inflammation, the small arteries leading to the part, and in an inflamed part, may be much relaxed and dilated.

Professor Henle's opinion, and, indeed, the opinion of most pathologists of the present day, is, that a retarded flow of blood is a physical consequence of dilatation of the vessels in an inflamed part, this retarded flow, with thinning of the walls of the vessels, favouring the exudation of serum and inspissation of the plasma by producing a preponderance of protein matter over the salts; but Mr. Jones thus states the non-accordance of this view with the fact as developed by the action of salt upon the web of the frog's foot:—

"1st. There is an accelerated, and not a retarded flow of blood, as a consequence of dilatation of the arteries. 2nd. That, supposing thinning of the walls of arteries from relaxation and dilatation do favour exudation of serum, such exudation can contribute nothing to the stagnation, as is evident from the cases referred to, in which there is relaxation and dilatation of the arteries, without any tendency to stagnation. But it is principally through the walls of the capillaries that exudation takes place; and these walls neither become contracted and thickened, nor relaxed and thinned, so that they are always equally ready to allow of exudation, provided the necessary condition exists, viz.,

congestion and stagnation. 3rd. Retardation of the flow of blood is the effect of congestion of red corpuscles in the vessels, and commencing stagnation, which, on their part, are the effect of the abstraction of water from the blood by the endosmotic action of the salt. Hence retardation of the flow of blood can have no share in producing the inspissation which causes the stagnation."

The extracts given are sufficient to illustrate the discrepancies in these two views; we shall not undertake to decide between them; the field is open to other microscopists; and Mr. W. Jones's experiments will, doubtless, be repeated. It will be our province to watch the progress of science in this particular—of such vital importance to the theory and practice of medicine—and to furnish our readers with the earliest information of the results. We shall return to Mr. Lee's Essay on a future occasion.

ADDRESS OF THE ROYAL COLLEGE OF PHYSICIANS TO HER MAJESTY ON THE PAPAL AGGRESSION.

The following Address to the Queen from the President and Fellows of the Royal College of Physicians has been delivered to the Home Secretary for presentation to Her Majesty:—

"TO THE QUEEN'S MOST EXCELLENT MAJESTY.

"We, your Majesty's most loyal and dutiful subjects, the President and Fellows of the Royal College of Physicians in London, desire to approach your Majesty with a fervent expression of our devotion to our Sovereign, and of our unalterable attachment to our Constitution in Church and State.

"We deem it our duty to offer this expression of our principles and loyalty in consequence of the aggressive measures of the Roman Pontiff—measures unprecedented in the darkest ages of Papal dominion—whereby he has assailed the supremacy of the British Crown, and has virtually denied the very existence of a Church in this country, or of Christian faith in your Majesty's Protestant subjects.

"As members of a liberal and highly educated profession, we feel ourselves especially called upon to protest against the moral and intellectual tyranny too often exercised by the Church of Rome. Too often has she endeavoured to fetter the human mind with the chains of ignorance. And looking to the recent interference of the Pope with secular education in Ireland, we see plainly what would inevitably ensue in England also if he should be allowed to re-establish here his spiritual power.

"While we value and respect the rights of conscience, and desire that no civil disability should be imposed on account of religious opinions, we yet demand that your Majesty's authority and the rights of the Church, of which your Majesty is the lawful head, should be maintained inviolate. Nor can we endure that these should be prostrated before the intolerant pretensions of a foreign power, and of a Church that will not accept of toleration, but claims an absolute and universal sway over the minds and consciences of men.

"We remember that your Majesty's illustrious ancestors of the House of Brunswick were called to the sovereignty of these realms for the express purpose of defending the Protestant faith; and therefore we consider a blow aimed at the Royal supremacy as directed against the foundation of your Majesty's throne: although that foundation is laid too deep in the hearts of the people to be shaken by any such attack, yet we humbly pray your Majesty to adopt such measures as to your Majesty shall seem best for the purpose of repelling the aggression of which we indignantly complain, of preventing its repetition, and of vindicating in the eyes of the world the rights of the Sovereign and of the people of this Protestant land."

What are the General Practitioners about? Who are the functionaries of the Great National Association, and what steps are they about to take upon this all-important subject?

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

XLVIII. — On Permanent Retention of the Placenta from Morbid Adhesions. By Robert T. Corbett, M.D.—Mrs. S., æt. 30, seven months in her sixth pregnancy, and of debilitated habit, became my patient on the 16th May, 1850, when she complained of uneasiness in the belly, of four days duration, attributed by her to a fright. She said the membranes had ruptured, and that a large discharge of water had taken place. On examination, the os uteri admitted only the point of the finger. I could not tell whether the waters had escaped or not. Bowels regular, from the use of medicine. An opiate was ordered.

17th. Much the same as yesterday; os uteri as on former examination. Bowels not moved to-day. Opiate to be repeated.

18. Os uteri dilated to the size of a half-crown piece, and pains decidedly uterine; considerable bloody discharges. As she was a weakly woman—the child undoubtedly small, and supposed to be dead, from motion having discontinued to be felt by the mother, and from the sound of the fœtal heart and placental soufflet having ceased to be heard, to terminate the labour, I gave four half-drachm doses of the ergot of rye in infusion, every twenty minutes, without effect. Habeat enema domesticum quam primum.

19th. Bowels opened from enema; had slept very well; os uteri a little more dilated; still considerable oozing. Pains those of labour, and stronger than yesterday. I administered the ergot in the same doses as the day before, but the drug was of a fresher quality. The pains were very much increased in power and frequency by its exhibition; some were even considerably protrusive, but nature had not the power, and the effects of the drug wore off. I then administered an opiate, to quiet the system and procure sleep.

20th. Patient had had a few hours' refreshing sleep during the night, and this morning, at half-past nine o'clock, the fœtus was expelled, with little suffering, and slight labour pains. I was sent for. On my arrival I found the fœtus expelled, and in a putrid state. The placenta was still in the uterus, which was flaccid. The cord came away with the very slightest traction. After dashing whiskey over the abdomen, grasping the uterus tightly, and trying the usual means to make it contract, and persevering for half an hour, as there appeared to be very little if any contraction, the left hand was completely introduced into its cavity, when the membranes were found to adhere all around, so that I could not positively say I felt the border of the placenta, although I thought so, from my fingers passing over a rounded ridge. The usual plan of separating it, by insinuating the fingers between it and the uterine surface, and gently moving the hand from side to side, with a sawing motion, being out of the question, the plan of Hamilton and Burns was tried, without effect. The uterus contracted powerfully upon the hand, but became quite flaccid as soon as it was withdrawn. My manipulations were continued for about forty minutes. A bandage, with a compress, was now tightly applied, a grain of opium given, and the patient left to rest. The patient progressed as well as is usual in an ordinary convalescence after delivery, till the evening of the 25th, when after the loss of not more than 12 or 14 oz. of blood by hæmorrhage from the uterus, she died, notwithstanding the free exhibition of stimuli; in short, she never rallied from the collapsed state which immediately followed the discharge, and died in four hours. As I became aware of the intimate adhesion between the placenta and the uterus at my first attempt at extraction, and as in such cases I do not approve of any after attempts at removal, no farther trial to separate it was made.

Inspection sixty hours after Death.—Three medical gentlemen besides myself were present. Upon opening the cavity of the abdomen, the uterus was seen 6½ inches long by 4½ broad, having a baggy empty feel but presenting a healthy surface. The uterus was detached from its position, and an incision made longitudinally through its anterior wall, when the placental mass and membranes were seen to fill its cavity. The inner surface of the uterus presented a dirty green or blackish hue, and after having been repeatedly and carefully washed, was found to be wholly covered by a lining presenting a granular fleshy appearance, at least ⅛ of an inch in thickness, in some places even more. This membrane was, with some difficulty, separated, to a trifling extent, from what appeared to be the disorganized lining of the uterus. The placenta adhered to the superior and anterior part of the uterus, rather to the left side, which was the spot where I had felt it. The adhesion was complete, and so perfect that the placenta could not be detached without destroying its own substance, or that of the uterus. We could not discover the spot from which hæmorrhage had taken place. The structure of the placenta resembled that of a hepatized lung, but was more fibrous, and was so intimately connected with the parietes of the uterus, as to render it impossible to tell where the placenta terminated, and the uterus commenced. The fœtal membranes were also very extensively and intimately attached to the walls of the uterus; indeed so intimately, that the attachments could be broken only with great force, and would of themselves have been a cause of retention of the placental mass. —*Monthly Journal of Medical Science, p.* 410.

XLIX.—Tubercles in the Brain and Cerebellum. — Hydrocephalus. By Dr. Banks.—Dr. Banks presented the recent specimen, and gave the following details of a case of tubercles in the cerebellum. The patient, a boy about eight years of age, was admitted into the Whitworth Hospital on the 20th of January, 1850. The history of the case, as it was ascertained from the boy's father, was far from satisfactory. It appeared, that about sixteen months previously to admission, he received a severe injury of the head, by falling from a considerable height. The wound on the head did not heal for many months; but his general health continued good until about four or five months prior to his admission. He then became fretful and chilly; and was drowsy during the day, but restless at night. He was observed to grind his teeth occasionally during his sleep, and sometimes he would awake with a scream. At times his appetite was tolerably good, but at other times he had an utter disinclination for food. Matters thus went on until about one month before his admission into the hospital, when, for the first time, his vision became impaired. He could no longer see objects with the same distinctness as formerly, and he groped his way about the room like a person who was half-blind. When taken into the house, his condition was as follows:—he was a most unhealthy, strumous-looking child, with a hare-lip on the right side of the median line, which had not been operated upon. His head was much larger than was usual in children of his age, and there were scattered over it some patches of porrigo favosa. The pupils were enormously dilated, and contracted but little on the approach of a strong light. He was not, however, perfectly blind, though as nearly so as possible. The measurements of the head were as follows:—circumference 20 inches; across the head, from ear to ear, 11½ inches; and from the occiput to the nasal protuberance of the frontal bone, 12 inches. The pulse was 76 and very weak, and on making him walk he moved about with a most unsteady gait. Up to the 20th of January, the date of his admission, he had no convulsions. On the morning of the 29th, the pulse was 96; and in the course of that day, whilst being led across the ward by another patient, he suddenly fell down, and remained for two or three minutes in a state of insensibility. On being placed in bed he fell into a profound sleep, and on awaking his pulse had fallen to 70. On the 1st of February he awoke suddenly from sleep, screaming violently, and soon afterwards he became sick, and retched incessantly. The next day he complained of violent pain in the head on awaking from sleep, and was attacked with convulsions, the muscles of both sides of the body being equally affected; each fit lasted from five to seven minutes. On the 5th of February he was again seized with convulsions, and after each convulsion he fell into a state of coma. The eyes were closed, the nose, lips, and ears became blue, and the pulse fell as low as 40. Respiration was only eight in a minute, and the pupils contracted to the size of a pin's head. For some time before his death, however, the pupils gradually dilated, though in a very unequal manner, and just previously to his demise, they had enlarged to the utmost extent.

Post-mortem examination.—There was a circumstance worthy of notice observed after the patient's death, namely, that the pupils, which were dilated to the utmost possible extent shortly before his death, about four hours subsequently to that event had contracted to their ordinary size; a point of some interest in connexion with the question of the muscularity of the iris. On opening the head, the arachnoid membrane was observed to be drier than natural, and the brain itself much larger than might be expected in a boy of nine years of age. Two ounces of fluid were found at the base of the organ; the ventricles were much enlarged, and contained about three ounces of clear serum. In the inferior and posterior part of the right lobe of the cerebrum, a scrofulous tubercle of the size of a walnut was detected. It was of a somewhat circular shape, and of a yellow colour, slightly tinged with green. There was a second tubercle, about as large as a pea, in the left lobe of the cerebellum, but differing from that in the right lobe, in presenting a laminated appearance. The deposit of tubercle was not confined to the brain, but had taken place in the lungs and mesenteric glands, and in one of the kidneys. The opposed surfaces of the pleuræ were adherent to each other, as were also those of the pericardium.—*The Dublin Quarterly Journal of Medical Science, Nov.*, 1850.—*p.* 474.

L.—Excision of the Horizontal part of the Lower Jaw for Malignant Disease. Reported by Dr. J. Mason Warren.—The patient was a healthy boy, fifteen years old, with no hereditary tendency to malignant disease, so far as could be ascertained. Two years and a half since, a small red fungous tumour made its appearance between the middle incisor teeth of the lower jaw. This tumour gradually increased, separating the teeth, and finally involved the whole depth of the bone. At the time of the operation the lip was much pressed outwards, and the cavity of the mouth so encroached upon, as materially to embarrass the speech, and prevent mastication.

The disease was removed by making an incision through the lip in the median line, and extending it as far as the os hyoides. The soft parts being dissected from the bone, this was partly sawed through by means of a metacarpal saw, the second bicuspid tooth on either side being removed. The incision through the bone was completed with cutting forceps.

Before separating the attachments between the jaw and the tongue, a ligature was passed through the mucous membrane at the base of that organ, in order to prevent retraction, an accident that Dr. W. had seen happen in an operation similar to the present, the patient being saved from suffocation by the surgeon thrusting his finger down the throat, hooking up the tongue, and securing it by a ligature.

In the present instance, there was no disposition in the tongue to retract; but, for the sake of precaution, the ligature was passed through the wound, and formed one of the sutures which confined the edges of the lip when they were approximated.

The portions of jaw removed show the whole bony structure much expanded and enlarged. On the alveolar edge one bicuspid tooth remained on each side. On the left side two incisors. The right incisor teeth had disappeared. The right cuspidatus was found deeply buried in the jaw, lying diagonally across the root of the bicuspid nerve, having come to the surface. From the expansion of the jaw by the disease, nearly two inches existed between the bicuspid tooth of the right side and the incisor of the left.

A small portion of the expanded shell of the bone being cut away from the internal face of the jaw, exposed a fungoid mass filling the interior. This, on being submitted to microscopic examination, presented well-marked cancer-cells.

The disease was limited by the bone, the soft parts in the vicinity exhibiting no marks of disease.*—*American Journal of Medical Sciences, October*, 1850.

LI. Enchondroma of first phalanx of Middle Finger.—The subject of the disease was a little girl thirteen years old. When two years of age, a small hard swelling appeared on the inner side of the first phalanx of the middle finger. This slowly increased, producing no inconvenience except from its size, which more or less interfered with the motion of the hand.

At the time of the operation the tumour was the size of a small apple, involving the whole bone of the first phalanx and part of the second. The finger was forced out of its place, and lay diagonally across the little or ring finger. A small tumour of similar description occupied the lower phalanx of the forefinger, and one also, a still smaller one, on the ring finger, lying under and concealed by the larger tumour.

The finger was easily removed. The head of the metacarpal bone was sawed off to allow of the necessary approximation of the edges of the wound. A section of the excised part shows a uniform appearance like the interior of a ripe apple. The periphery was somewhat elastic, like the more delicate layer of bone or cartilage. A few spiculæ of bone were interspersed through the interior. The shaft of the bone had disappeared. The metacarpal extremity remained.—*Id.*

LII. Erysipelas following Vaccination.—This complication does not seem to have been observed here before the present season as a grave form of disease. Of late, however, cases have multiplied to such an extent, and the result has been so often fatal, that many members of the Society have refused to vaccinate except when it has been absolutely necessary, and have almost wholly given up re-vaccination. Erysipelas, as appears by our records, has been quite prevalent during the past winter and spring; and small-pox was probably never known to exist here as it has during this same period. The following cases were reported:—

Case 1.—Reported by Dr. J. B. S. Jackson.—An infant six months old was subject to intertrigo. The vaccine vesicle was rather imperfect, and on the seventh day erysipelas appeared in its neighbourhood, gradually extending over the whole extremity, and somewhat to the trunk, but not to the head. Slight vesication followed, and an abscess threatened in the hand; one actually forming in the axilla. The constitutional symptoms were, for a time, quite severe, but the child recovered in about a month.

In common erysipelas, the same part is not often affected a

* This patient left the hospital two weeks after the operation, quite well. The lateral portions of the jaw had been but little drawn together, and could be approximated with the upper jaw so as to allow of the mastication of moderately hard substances.

second time, but here there was a recurrence of the inflammation not only once but twice after it had fairly subsided.

Case 2.—Also reported by Dr. Jackson.—An old man of rather bad habits having been re-vaccinated, the whole forearm became erysipelatous, with some vesication, but in a few days was quite well.

Case 3.—Reported by Dr. Cabot.—This was a case rather of diffuse cellular inflammation than common erysipelas. The patient was a gentleman, 69 years of age, who, having been exposed to varioloid, was re-vaccinated in two places on the 3rd of April. On the second day, two vesicles had formed about the size of a small pin's head, and there was pain in the axilla, with pain and soreness under the pectoral muscle. On the third day, the vesicles had become larger and pustular, and an areola had formed. This last extended up and down the arm, and when it got to some distance from the points of vaccination, assumed the character of a deep erysipelas; the pain during this time being chiefly under the pectoral muscles. In about two weeks the inflammation had extended to the hand, and in the course of the third week an opening was made about the elbow, from which a considerable quantity of sero-purulent fluid was discharged; the back of the hand being opened down to the fascia a few days afterwards. From the shoulder the erysipelas extended over the whole back, down the right arm to the elbow, and somewhat over the abdomen from each side; also across the front of the chest, nearly to the right shoulder. The whole duration of the erysipelas in an active form was about seven or eight weeks; neither the head nor lower extremities were affected; the areola about the vaccine points subsided, but subsequently this surface was attacked with the disease. The suppuration about the left shoulder and down the upper extremity has been very extensive; the pectoral muscle was separated from the parieties of the chest, and the skin of the forearm was so detracted from the subjacent parts that fluids thrown in at the elbow would pass out at the back of the hand; very numerous openings have been made about the elbow and shoulder for the discharge of pus. For about two months the patient was confined to his bed, but for the last six or eight weeks he has been fairly convalescent, so that for some time past he has been able to ride out daily. The prostration was not so great as would have been expected in such a case; the pulse not rising above ninety during the active stage of the inflammation; there was, however, some delirium, with chills, headache, and pain in the back. No suppuration occurred, except in the parts above alluded to. Amongst the remedies used in this case, the application to the surface of the tincture of iodine seemed to be beneficial, and, still more, the injection into the cavities of the same substance; at first largely diluted with water, but afterwards increased in strength to the proportion of equal parts; the filling up of the cavity in the forearm and the restorative process altogether being much accelerated under this treatment, and without any unpleasant consequences. This treatment was adopted at the suggestion of Dr. S. Parkman.

Case 4.—Reported by Dr. J. Bigelow.—The patient was a gentleman, about thirty years of age, and having been exposed to the small-pox, was revaccinated with several others from the same virus. Two days afterwards, an erysipelatous spot, of the size of a dollar, was discovered around the point of vaccination. This spread rapidly in every direction, and at the end of five days, had occupied the whole arm from the shoulder to the elbow. At this time, several dark spots appeared upon the inside of the arm, which in two days were perfectly gangrenous, so that an incision was made five inches in length, without pain. The slough was apparently confined to the skin and cellular substance, inasmuch as the muscular power was at no time lost. Meanwhile the pulse was quick, and the skin hot, with prostration, headache and delirium. In another week, the erysipelas had extended to the whole trunk, half way down the thighs, and to the wrist of the affected arm; the patient being much of the time delirious, or somnolent, and with a pulse of 120. During the third week, the symptoms were generally aggravated, and the cerebral affection increased; there was also a retention of urine, and the catheter was required for a fortnight. During this time, however, the slough gradually separated, leaving a large, deep ulcer. The patient became convalescent at the end of a month, and slowly recovered; the ulcer requiring another month or more to cicatrize. No other slough formed, excepting two small ones upon the lower part of the back. No other person, who was vaccinated with the same virus, had any unusual symptoms; but a lady of the family, about seven weeks after the vaccination, was attacked with inflammation of the fauces and tonsils, followed by prostration and delirium, and died in a week; during her sickness, a livid spot, about two inches in diameter, appeared over the upper part of the sternum, but this disappeared before death.

Case 5.—This was a case, also reported by Dr. Bigelow, that occurred soon afterwards. A healthy child, about five months old, was vaccinated, and the vesicle went on well till the eighth day, when matter was taken with which three others were vaccinated. On the ninth day, the arm became erysipelatous, the inflammation rapidly spreading over the whole trunk; and the child died in a few days. All the patients inoculated from this arm had a perfect vesicle, and without any anomalous symptoms.

These two cases were considered by Dr. Bigelow, as conclusive against the transmission of erysipelas by vaccination.

Case 6.—Reported by Dr. Homans.—The patient was an healthy infant, about three weeks old. On the eighth day, the vesicle appeared well, and matter was taken with which other children were vaccinated, the result being in every case successful. On the tenth day, erysipelas appeared below the elbow, and extended into the axilla; the swelling and redness were very defined; and the inflammation spread rather more rapidly than is usual in the adult. Vomiting and diarrhœa came on, and lasted for some days; and the pulse was too quick to be counted. The head and abdomen then became affected, and on the ninth day from the invasion of the disease, the scrotum and penis were greatly swollen; these last were punctured with much relief, but a deep sloughing of the scrotum took place, one and a half inches in diameter, and nearly exposing the testicles. The extremities were next affected, but in the meantime the child began to improve, and the pulse had fallen to 120. On the subsidence of the disease, abscesses formed upon the body and limbs beneath the surface, and about the left hip, one that was quite large and deep. This last is the only one that now remains open, and the child is fairly convalescent, after a sickness of about three months.

Dr. Homans also alluded to the case of two lads, in whom the erysipelas was followed by extensive suppuration in the axilla; one of them having been vaccinated, and the other re-vaccinated.

Case 7.—Dr. Putnam reported a case, in which erysipelas attacked the scalp on the fourth day after vaccination; the patient was a healthy infant, and the inflammation never extended beyond the part first affected; there was little constitutional affection, and the duration of the disease was about a week.

Case 8.—Dr. Channing mentioned a case of erysipelas, after vaccination, in which the shoulder, axilla and pectoral muscle were involved. Obscure disease within the chest carried off the child. There was no vesication from the erysipelas. The scar of vaccination was morbid. Dr. C. had noticed several such cases, in which the vaccine disease was irregular and unnatural in its course and appearances. He declines vaccinating, and especially re-vaccinating.

It appears from the records of the Society, that a fatal case of erysipelas following re-vaccination, was reported by the late Dr. Greene, as having occurred in January, 1846. The patient, a gentleman sixty-six years of age, had been vaccinated twenty years before, and re-vaccinated, though without success, two or three times since. On Friday, the day after the re-vaccination by Dr. G., he was seized with chills, nausea and a sense of general uneasiness; and, at the same time, inflammation commenced in the arm, attended with heat, redness, and pain. He slept none on the following night, and on the next night was attacked with vomiting and purging. The symptoms from this time did not become materially worse, however, till the following Wednesday, when he complained of pain just below the elbow; and on Thursday, a small patch of erysipelas was discovered at this point, which gradually extended over the arm and chest of the affected side, the infiltration of the cellular tissue keeping about two inches ahead of the redness. He died at ten on Friday evening, a little more than eight days from the time of re-vaccination, the erysipelas having extended to within two inches of the sternum.

In regard to the quality of the matter introduced, Dr. G. remarked that it was taken on the eighth day from a perfectly formed vesicle on the arm of a perfectly healthy infant, born of healthy parents; that one of his own children had been re-vaccinated with the same matter, and also another person, in both of which cases the symptoms and appearances were slight. Dr. Greene alluded to several other cases, in which unusual redness and pain had followed re-vaccination, but which differed in appearance from erysipelas. Dr. Warren stated at that time that he had seen one case of erysipelas following chicken-pox.—*American Journal of Medical Sciences, October*, 1850.

LIII. Power of Lupulin in allaying Irritation of the Genital Organs. By Geo. J. Ziegler, M.D. of Phila.—Being obliged to resort to a prolonged use of tonics, I took the combination of iron, sulphate of quinia, and lupulin. After some time had elapsed, I believed that the indication for which I took lupulin was fulfilled. I therefore omitted it, still continuing the use of the iron and the quinia, ½ grain of the latter three times a-day. In a few days, I began to experience symptoms of irritation of the bladder and urethra, with pain at the extremity of the penis and frequent desire for micturition, somewhat similar to those resulting from calculus. These symptoms increased, and in two or three weeks became so violent and constant as to give me no peace. The thought then occurred that they might result from something I was taking, and my mind reverted to the possibility of their proceeding from the quinia. This idea was confirmed by the opinion of a medical friend. As the symptoms did not appear during the use of the combination of lupulin with the other remedies, we concluded that it would be better to recombine them. This was done, and with the happiest effect. The feelings of distress began immediately to subside, and in a few weeks entirely disappeared; and although I have continued the use of the above-mentioned remedies for months since, I have had no further symptoms of the kind.

Thus, my own experience confirms the favourable opinion expressed by Dr. B. Page of the effects of lupulin in quieting the excitement of the genital organs, and induces me to suggest *its combination with the other remedies which generally produce irritation of these organs*, and likewise for the *prevention of strangury from cantharides, &c.* Indeed, I would recommend its employment *in all irritating and inflammatory affections of the urinary and genital organs; those from calculi, polypi, uterine and vaginal irritations, &c., particularly.*

The fact that I have not seen in any of the works on materia medica and therapeutics any notice of such effects resulting from the use of sulphate of quinia, will, I hope, be considered sufficient excuse for this brief notice.—*American Journal of Medical Sciences.*

LIV.—Poisonous Effects from Zinc.—It is now some time since it was proposed by M. Leclaire to use oxide of zinc as a substitute for white lead, with a view to avoiding the dangerous effects of the latter on the workmen. There could be little doubt that, in point of salubrity, oxide of zinc was an improvement on carbonate of lead; but it was still a matter worth determining to what extent the oxide of zinc was itself free from objection, and whether or not some precautions were necessary regarding its use.

M. Flandin endeavoured to determine this experimentally. He rubbed animals over with ointments of oxide of zinc, of carbonate of lead, and sulphate of lead; and whilst he found that the two last always produced poisonous effects, he observed that the animals rubbed over with the oxide of zinc continued to enjoy their usual health. The following facts, however, show that the innocuousness of oxide of zinc must not be admitted so decidedly as Flandin supposes.

1. *Poisoning by Oxide of Zinc, used as a substitute for White Lead.* By Dr. Bouvier, of the Hôpital Beaujon.—A man, aged forty-two, a labourer, entered on 19th April with all the symptoms of metallic colic. He had been employed for the fifteen previous days at a white colour manufactory, along with five other workmen, in barreling oxide of zinc, and in repairing casks which had contained that substance, during which operation they were exposed to an atmosphere loaded with the powder of the oxide. From the commencement of their work, he and his comrades experienced colic and a repugnance to food; and the wine and brandy which they took to excite their appetite were disgusting to them, and did not remove the clammy taste which they had constantly in their mouths. This man could not continue long at work. After ten days of this employment, he was seized with vomiting, severe colic, accompanied by constipation, which persisted and increased in intensity so much that he rolled on the floor in agony. On the day of admission, he continued to vomit, and to suffer severe abdominal pain. The vomited matters were bilious, and he rejected all his food almost immediately after swallowing it; he had had no stool for five days; the belly otherwise was natural, the tongue whitish; he had no appetite, was free from fever, but was sleepless. The next day, 20th April, the bowels were opened by two ounces of sulphate of magnesia, and the purgative clyster, as used in La Charité—(this consists of twelve ounces of wine, with six of oil). The free evacuation of the bowels, and the administration of two and a half grains of opium, were followed by cessation of vomiting and diminution of the pain. From this time to 26th April, after having taken from six to twelve grains of gamboge daily, and using frequent clysters and medicated baths, he became convalescent, and was dismissed cured on 4th May.

From the whole history of the case, there appeared to be no doubt that this man suffered from a genuine zinc colic. To ascertain that it was really oxide of zinc which had caused the illness, M. Bouvier collected, by washing the surface of his body, the metallic particles which adhered to it, and found them to consist of oxide of zinc. We are not entitled from this to say that the oxide of zinc is as noxious at white lead; but it shows, at least, that some precautions require to be taken by those who work with it, in order to preserve their health.—*Compte Rendu de l'Académie des Sciences, May*, 1850, in *Bulletin de Thérapeutique.*

2. *Zinc Poisoning observed in the workmen employed in twisting Galvanized Wire.* By MM. Landouzy and Maumene, of Rheims. The iron wire employed for securing the corks of champagne is sent in bundles of one to ten kilogrammes to workmen called *tordeurs*, who, by a dexterous manœuvre, cut and twist from ten to twenty threads of wire at a time. These wires are then made up in packets of one kilogramme, and, after being beaten with a bit of wood to make them even, are packed in bundles. Although this sort of work had been followed by the same workmen from eight to fifteen years under very bad hygienic circumstances as regards ventilation, they never had experienced any evil effects from it till the beginning of January, 1850, when the so-called galvanized wire (which is iron wire covered with a layer of zinc) was substituted for the common iron wire; and, soon after, the workmen began to complain of the taste as of a sweetish powder in the throat, an incessant tendency to cough and spit, shiverings, and general malaise. The whole of the people employed in this branch of industry—two youths, two women, and two men—were affected with symptoms which were referable to zinc. Four had symptoms of general depression, with sore throat, swelling and ulceration of the tonsils, inflammation of the palate, white pellicles on the gums, salivation, fetid breath, colic, and diarrhœa. In one, the colic and diarrhœa were the only symptoms observed; in another, the colic was accompanied by nausea, tenesmus, and obstinate constipation. The wires with which they worked had been made hurriedly and carelessly, and were covered with a dusty powder, which escaped abundantly during the twisting, and especially the beating, of the wires. This powder consisted of zinc, oxide and carbonate of zinc, alloy of zinc and iron, iron, and oxide of iron. It contained no trace of lead.

These symptoms seem to have subsided readily, without treatment, on abandoning the occupation. With one exception, all the work-people returned to their work in from three to six days.

That the symptoms were due to the exposure to the dust appears from the circumstance that, in fifteen days more, the same work-people, in the same hygienic circumstances, resumed the same work, with the same galvanized iron, but free from all dust, and none of those phenomena manifested themselves which were formerly observed.—*Monthly Journ. Aug.* 1850, from *Gaz. Méd. de Paris*, 1st June, 1850.

LV. Eruptions of the Skin in Cholera. — During the stage of reaction in cholera, viz., in the period succeeding the cold stage, and generally in the advanced period of this reactionary stage, a peculiar eruption sometimes appears. An account of it has lately been given by Simon, and copied into the Prague *Vierteljahrschrift.* According to Simon, the eruption may be said to have four stages, viz., the macular, the papular (a stage of exudation), the erythematose (or stage of absorption), and the desquamative. The course is as follows:—first appear little round red patches, which are isolated or confluent, and fade under the finger; they arise suddenly, without premonitory symptoms, and frequently appear during the night; they show themselves first on the backs of the hands; then on the fore-arms, the upper-arms, the neck, breast, back, and abdomen, in the order here given, and finally on the lower extremities. In from twelve to sixteen hours, this stage is completed. After two days, the larger and redder spots pass into wheals, something like urticaria, only there is no itching. After from twenty-four to thirty-six hours, the wheals or projections flatten, and pass into a kind of erythema, or take again the form of spots. In another twenty-four hours the red colour disappears, and the epidermis begins to separate, and continues to separate for three or five days. The exanthema appears, according to Simon, only in persons who have passed through true cholera and cholera typhoid. Treatment, age, sex, and constitution have no influence on this eruption, which Simon considers as arising, like the several stages and inflammations of internal organs, from the changes which have been impressed on the blood by the previous enormous discharge of watery fluid. An elaborate and excellent account of this eruption is given also by Virchow and Leusbuscher. In addition to the appearances noted by Simon, a diffuse general

hyperæmia of the skin was observed as preceding the exanthema in certain cases, chiefly in young and athletic persons. The editor witnessed this eruption, in 1849, in two out of thirty-four cases of cholera. Contrary to Simon's and Virchow's observations, no disquamation, or but very little, followed it.—*A Practical Treatise on Diseases affecting the Skin. By the late Anthony Todd Thomson.—p.* 435.

LVI. Inflammation in the Breast of the Adult Female.—In this organ, as in others composed of similar textures, the stages and the products of inflammation are precisely the same. It must, however, be recollected, that each mammary gland is an association of small glandular masses, or, in other words, that each lobe is a perfect and individual gland, enjoying exclusively its own vascular and nervous system, having its own proper duct, the single orifice of which is at the nipple. A large quantity of interlobular cellular tissue unites these lobes together, and the whole is at last surrounded by the investing fibrous membrane, or mammary fascia. Both around the margins and in front of the gland is a large quantity of fat—the subcutaneous; and there also exists much fibre tissue in the nipple, between the ducts and under the areola. Hence, inflammation and its results may affect, and be limited to, the nipple or areola, the cutaneous and subcutaneous tissue, the lobes, individually or collectively, and the uniting fibro-cellular tissue: it may be either *intra*-lobular or *inter*-lobular, or both combined.

It would be idle to adduce reasons to prove the importance of attending to the above anatomical facts, when called upon to treat that disease, to which I have applied the term Mazoitis. The following is the division of the subject which I shall adopt:—

A. Inflammation and its results in the cutis and subcutaneous tissues covering—

1. The nipple.
2. The areola.
3. The gland itself.

B. Inflammation and its results in the tissues behind the gland.

C. Inflammation and its results in the tissues within the investing fibro-cellular envelope or fascia of the gland—

1. Of the lobes or gland tissue.
2. Of the uniting tissue.—*The Diseases of the Breast and their Treatment. By John Birkett, F.R.C.S., &c.—p.* 28.

LVII. On the Formation of Cysts in the Breast.—1. That certain collections of fluid take place in the areolar tissue of the mammary gland.

2. That a cyst or closed cavity is formed, and lined with tessellated or hexagonal epithelium.

3. That the physiological relations of this fluid may be regarded as differing from ordinary serum, and that it may be considered as a superabundant effusion of blastema.

4. That the intra-cystic growths, being developed within the sphere of nutrition of a mammary gland, present more or less resemblance to the gland tissue, both to the unassisted eye, as well as when examined with more minuteness.

That, from the observations above made, these growths may be regarded as an imperfectly developed gland tissue; and

That their tissue presents no resemblance to that of the carcinomata; and that there exists no evidence to prove that it has the power of contaminating other tissues, or of being generated in any other organ belonging to the body.

Nomenclature.—To the new growths now described, the term cysto-sarcoma has been applied; and I see no good reason to change the term; remembering, however, that this merely implies the mode of growth, and not their histological affinities, which it is one of the chief objects of this essay to establish.

The term sero-cystic, applied to the first class by Sir Benjamin Brodie, is, in a practical point of view, sufficiently intelligible, and may therefore be retained; but it is only applicable to these, and not to that condition of the ducts which I have described as varicose and containing epithelial deposits, mingled with the secretion of the gland.

Sero-cystic sarcoma indicates very accurately that condition of a new growth, in which both the fluid effusion and solid formation simultaneously exist, and may therefore be retained.—*Id. p.* 80.

LVIII.—Rare Case of Death from Hæmorrhage from the Umbilical Cord, reported by D. Humphrey's Storer, M.D.—The child, a female, weighing seven pounds and a half, was born after a labour of thirty-six hours. "During the afternoon, blood began to ooze from the extremity of the cord. It was tied again and again without effect."

On the next morning, "the right eye was livid and œdematous. Trunk and limbs œdematous, but not discoloured; also various parts, chiefly on limbs. The cellular tissue is almost of a stony hardness. The colour of the skin not altered."

On the second day, "the cord has pulsated up to this time. Blood has continued to ooze from the extremity until to-day; it now flows from the root; the cord beginning to be detached. On the third day, the child died."—*American Journal of Medical Sciences, November,* 1850.

LIX.—Chloroform in Orchitis.—As surgeon to a venereal hospital, M. Buisson has had ample opportunity of testing the value of the different modes of treating this painful disease; and he has come to the conclusion that, of all these, the local application of chloroform is by far the best, whether used in the simple, the blennorrhagic, or the rheumatic variety of the affection. It is chiefly in very painful cases that he resorts to it, after the use of leeches; but, used as soon as pain appears, it may even act as an abortive. A compress of several folds is wetted with the chloroform and accurately applied to the testis, covering this with oiled silk, and placing the whole in a suspensory. The first day, this is renewed every three hours, and continued the next day, if required. For some minutes after, it causes great heat and redness of the part, which is soon followed by a diminution of the original pain. The relief of pain is, in orchitis, the first step towards a cure of the disease; and with the proper combination of internal means this is accomplished in half the usual time, the chloroform being suspended as soon as an improvement is visible. The number of cases M. Buisson has thus treated now amount to about sixty, and he has found the remedy no less efficacious in what he calls ileo-scrotal neuralgia.—*Brit. and For. Med.-Chirurg. Rev., July,* 1850, *from L'Union Médicale,* No. 4.

LX.—The Diagnosis of Tape-worm, from the character of the nervous symptoms induced by its presence.—M. Legendre has published an interesting memoir, upon the Nervous Symptoms produced by Tape-worm, in the *Archives Générales de Medicine,* for June, 1850. He places the facts of this department of diagnosis in a very clear point of view; and, on this account, we think it right to call the special attention of our readers to the following brief abstract of his paper. When anomalous nervous symptoms perplex the physician, it is always right to compare them with those which are known to be caused by tape-worm; and, if any room for suspicion of its presence exist, it is always imperative to administer a vermifuge. We say *always,* because the experiment is at least harmless, as the perfect safety, as well as he general success of the kousso, has now been fully established on unimpeachable authority. We would, in all cases, prefer this medicine, or the oil of the male fern, to the bark of the root of the pomegranate, which is considered by M. Legendre to be the best. The latter is likewise, undoubtedly, a most valuable drug for dislodging the tænia; but it is not quite equal to the kousso, or the male fern.* The following is the substance of M. Legendre's paper:—

Thirty-three fully reported cases are carefully analysed.†

Disorders of the cerebro-spinal nervous system occurred most frequently; viz., in twenty of the thirty-three cases. They were, in twelve cases, of a convulsive character, occurring several times, or oftener (being eight times epileptiform, and four times hysterical). In eight of the cases the convulsive movements were partial, being confined to the face, or to a single limb. In fourteen of the thirty-three cases, the convulsions were succeeded by vertigo and cephalalgia.

Swooning, complete or incomplete, was noted in about a fifth of the cases; viz., seven times.

Disturbed vision was noted in six of the thirty-three cases. This consisted in double vision, or in the presence of flocculi, of *muscæ volitantes,* and of luminous flashes. One patient is mentioned as having had periodical blindness.

Buzzing in the ears is only mentioned as having occurred in three of the cases.

A pricking, or gnawing sensation at the epigastrium existed in fourteen of the thirty-three patients. The symptoms, now enumerated, rarely existed singly in one patient, and two, or three of them were generally present in the same individual.

Whenever one or more of the above symptoms are observed, and no other explanation can be given, an investigation should be made, to determine whether they may not depend upon tape-worm. If the physician discover that the patient have a gnaw-

* 'London Journal of Medicine,' vol. for 1850, p. 896.

† The following are stated to be the sources whence the cases have been derived. "*Archives Gén. de Méd.,* 1840. *Gazette Méd.,* 1839, p. 601; 1840, p. 633; 1843, p. 38. Louis, Observations recueillies à l'hôpital de la Charité sur la Tænia. *Archives Gén. de Méd.* Mérat, du Tænia et de sa cure radicale par l'écorce de racine de grenadier, obs. 14, 15, 17, 18, 19, 22, 24, 25, 26, 27, 82, 108, 119, 120, 121, 142, 154, 155, 157."

ing at the stomach, capricious, or insatiable appetite, abdominal pain, a feeling of general prostration, or itching at the entrance of the nostrils or anus, there can be little doubt of the presence of the parasite. M. Legendre believes, that the best time for giving vermifuge is when the symptoms are most urgent, or when some parts have been spontaneously voided. He says, that Wawruch, of Vienna, in an analysis of two hundred and six cases, attributes such occurrences to lunar influence; asserting that they occur most frequently at the full moon, or during its decline, and that it is, likewise, at these times that the patient suffers from an exacerbation of the symptoms. It was not till M. Legendre had finished his researches that he became acquainted with the analysis of M. Wawruch's paper, published several years ago; and which, from its value, we subjoin.

LXI.—Wawruch on the Causes and Symptoms of Tape-worm.—The following is an extract from an abstract, contained in the *Gazette Médicale*, for October, 1841, of a paper published by Professor Wawruch, in the *Medicinische Jahrbucher der Œsterreichischen Staaten*.

During the period of twenty years, Dr. Wawruch treated 206 persons affected with tænia; 71 men, and 135 women. The oldest person was aged fifty-four; the youngest, three and-a-half years. Twenty-two were under fifteen years of age; and amongst these were six girls who had not menstruated. Most of the patients were from fifteen to forty years old. The patients belonged to the middle and lower classes; they nearly all inhabited the district lying along the Danube, or lived in low and damp dwellings. They followed very different occupations, and their mode of life was various. It is remarkable, that the same conditions which give rise to scurvy in Vienna also produce tape-worm. The articles of food which seemed chiefly to engender tape-worm, were bad bread, meals of milk, butter, cheese, potatoes, pork, and mutton, and bad water. The diseases which preceded the formation of tænia were gastric and cutaneous affections, but especially gastric and intermittent fevers. There were observed, forty-three cases of intermittent fever, twenty of gastric fever, sixteen of typhoid fever, ten of ringworm and herpes, forty-two of itch, eight of scarlatina, thirteen of measles, and two of chronic urticaria. Scurvy, syphilis, chlorosis, and other diseases which affect digestion, were also observed to precede tænia; but, in general, few of the individuals affected with tape-worm had not had lumbrici when young. The influence of hereditary predisposition is very doubtful. Dr. Wawruch only saw two instances; in one, a mother and daughter, in another, a father and son, had tænia. Irregularity of the menstrual function seemed common; thus, thirteen females had only menstruated at the age of 16 years, twelve at 17, nine at 18, seven at 19, and one at 20. The duration of the disease was from a few months to ten, twelve, fifteen, twenty, twenty-five, and, in one case, even to thirty-five years. Of the 206 patients, three only, who were foreigners, had *bothriocephalus;* the others had *tænia solium.*

Symptoms.—The symptoms of tænia are very various: the following are stated by Dr. Wawruch to be the most constant.

1. Dull pain in the frontal region, vertigo, noises in the ears; and, in some, a kind of idiosyncrasy for music. 2. Eyes dull, surrounded by a blue ring; œdema of the upper eye-lid; pupils dilated; frequent involuntary action of the muscles of the eye; various aberrations of sight, as amblyopia, diplopia, or muscæ volitantes. One patient complained of a periodical blindness during the day. 3. Frequent change in the colour of the face; lips lead-coloured; a peculiar look about the mouth and nose; the appearance of general cachexia is not constant, for the patients often preseve a flourishing aspect for some time; many of them say they have become thinner. Anorexia, alternating with such a voracious appetite, that the patients faint if they are not supplied quickly enough with food; desire for certain articles, as carrots, milk, wine, bread, &c. 5. Fetid breath, clayey taste, loaded tongue, salivation, nausea, and even vomiting of liquid, as clear as water, in the morning. 6. Itching of the nose and anus, and of the vagina in females; grinding of the teeth, especially during sleep; accumulation of a clear fluid in the mouth; transient heat, languor, palpitation. The sensation of a cold hand pressing on the heart (considered as a pathognomic symptom by Reinlein) has never been observed. 7. Abdomen tumefied; borborygmi; a sensation of suction, constriction, and pricking, around the umbilicus, and undulatory movements, as of a foreign body in the intestines,—especially in the morning; cessation of these symptoms after taking farinaceous food, hot bread, ar *café au lait;* frequently diarrhœa, alternating with constipation. 8. When the disease has continued for some time, and the patients are of an irritable temperament, there often arise a train of nervous symptoms,—as melancholia, syncope, aberrations of the senses, disturbed sleep, frightful dreams, partial and general convulsions, chorea, epilepsy, aphonia, and loss of speech. 9. The most certain pathognomonic symptom is the evacuation of one or more portions of tape-worm, either spontaneously, or after certain severe illnesses,—as scarlatina, typhoid fever, pneumonia, &c.; or after the use of certain articles of food, as garlic, horse-radish, cucumber, &c.; or after the administration of anthelmintic medicines. The portions are sometimes evacuated at indeterminate periods, but generally at new moon, or at the decrease of the moon; and, at these times also, the other symptoms are increased in severity.—*London Journal of Medicine, Nov.* 1850.

LXII. Dr. A. J. Cummings on Tannin as a Medical Agent. —Dr. A. J. Cummings, of Roxbury, Massachusetts, has published, in the 'Boston Medical and Surgical Journal,' for August 14, 1850, a paper on the therapeutic uses of Tannin, which is especially valuable as a confirmation, by an independent observer, of the value attached to this medicine by Dr. Scott Alison, in the January number of this journal. It will be seen, however, that Dr. Cummings confines his observations to the *astringent* properties of the remedy, and that he prefers it to all other medicines of this class.

In *dysentery*, Dr. Cummings has used it extensively, either alone or combined with opium in some form, and finds it, so far as an astringent is indicated, the most prompt in its action and salutary in its application. He has given it in more than one thousand cases of dysentery, diarrhœa, cholera, cholera infantum, and other bowel affections, and in no case has he regretted having given it, and in very few indeed did it fail. Dr. S. S. Whitney, of Dedham, uses it almost exclusively in dysentery, whenever an astringent is indicated. Tannin has advantages in its freedom from danger, and in its possessing the astringent preperty in so concentrated a form, that very small doses are sufficient; which, especially in children, is a great desideratum. The following are the formulæ given by Dr. Cummings. ℞ Tannin ℈j.; opii pulv. ℈ss.; secalis cornuti gr. xv.; sacchari albi ʒss. M. Divide in chartas x. For adult males, and females, where the ergot is admissible. ℞ Tannin gr. x.; pulveris ipecacuanhæ c. opio ℈j.; pulveris cretæ comp. ʒ ss.; sacchari albi ℈j. M. Divide in chartas x. vel xv. For children from one to five years old. ℞ Tannin gr. xxv.; pulv. opii gr. x.; extracti cicutæ gr. viij.; pulv. ipecacuanhæ gr. x. M. Ft. pilulæ x. One, three or four times a day.

In some cases, in prescribing for children, he gives the tannin combined with Dover's powder, ground down with white sugar; and of course the prescription must be so altered, as to conform to the nature and circumstances of the case.

Dr. Cummings has successfully used it in the *sweating* of the last stages of phthisis, or low continued or typhoid fever. In a case of tubercular phthisis treated about two years since, the patient, a corpulent man, aged 46, sweated so profusely as to deprive him of rest, and weaken him rapidly. After trying the diluted acids, &c., Dr. Cummins gave him at night a pill of tannin and opium, containing one grain of each. On the second night the sweating was checked entirely, and from that time to his death he was not troubled with sweating, except when he omitted the pill. In another case, the patient, a young man, had been ill for several weeks with typhoid fever, and, on becoming convalescent, he was severely troubled with night sweats. Tannin, in one-grain pills, at once checked the sweating, and his health rapidly returned.

In *hæmorrhage*, in almost all its forms, Dr. Cummings has used tannin with success. In hæmoptysis, tannin combined with opium and ipecacuanha, in form of a pill or powder, has, in almost every case, proved successful. The ipecacuanha and opium are old and well-established remedies; but they often fail, when given alone, to produce the desired result. Having, in a practice of ten years, used numerous articles of this class in the materia medica, Dr. Cummings gives tannin the preference over all other medicines in this disease. In hæmaturia, hæmatemesis, and other forms of hæmorrhage, Dr. Cummings finds tannin superior to any other remedy. Especially in hæmorrhage from the *bowels*, as the result of dysentery, producing abrasions of the mucous membranes, or the rupture of small vessels from other causes, the tannin will be found to act like a charm in arresting the bleeding. In uterine hæmorrhage produced by threatened abortion, when, in the early months of pregnancy, the ovum and its membranes become partially or wholly detached, or in that brought on by premature labour, Dr. Cummings has frequently used tannin. It is true that, when abortion is unavoidable, the use of ergot may stop the bleeding. But it is always desirable, if possible, to arrest the hæmorrhage without producing abortion. Tannin acts upon the muscular fibres of the uterus, sufficiently to close the mouths of the bleeding vessels without expelling the contents of the uterus. Dr. Cummings

relates the following case:—He was hastily called to visit a lady who was said to be "bleeding to death." She was about three months advanced in her second pregnancy. The os uteri was dilated to the size of a twenty-five cent piece, with the membranes of the ovum aresting over the mouth of the uterus. She had, by imprudently getting up several times, discharged a large quantity of blood; pulse very weak and trembling, countenance pale and haggard, ringing in her ears, thirst, faintness, and extreme prostration. Dr. Cummings gave her tannin in two-grain doses, combined with ipecacuanha and opium, every fifteen minutes, until the blood ceased to flow. In a short time the hæmorrhage was arrested; she passed a good night, had no return of the flowing, and did not miscarry. Sometimes it is necessary to use either the tannin in larger doses, or combined with ergot, when the ovum is entirely detached, and abortion is inevitable.

In *hæmorrhoids*, Dr. Cummings has great confidence in this remedy. A clergyman who had been afflicted for many years, and had tried various articles, told him, after using tannin, that he was completely relieved, and believed himself cured. It may be used in the form of an ointment, or a wash, as is most agreeable. ℞ Tannin ℈ss.; tincturæ krameriæ ʒss.; aquæ rosarum ʒjss. M. Ft. lotio. Or, ℞ Tannin ʒss.; sulphuris sublimati ℈ss.; spermatis ceti ʒj.; adipis puri ʒj.; olei lavanduli gtt. v. M. Ft. unguent. Or, ℞ Tannin ℈ij.; sacchari albi pulv. ʒss.; olei lavand. gtt. v.; adipis puri ʒj. M. Ft. unguentum.

In *epistaxis*, tannin may be used in powder, and snuffed into the nares, or blown through a tube or quill, and it will be found in almost every case, to prove efficacious. In severe *salivation* from mercury, this article will also be found of great importance. In *aphthæ*, and other diseases of the mouth, where there is sponginess of the gums, or bleeding, as in scurvy, tannin has no equal in the whole list of astringents. It may also be used as a gargle in relaxation of the uvula and tonsils, and the soft parts contiguous, in the proportion of from g. vi. to gr. x., to an ounce of rose water, with tincture of krameria. The krameria is, in itself, a powerful astringent, but it does not answer, alone, any very valuable purpose.

As an *antiseptic* in cleansing old sores and phagedænic ulcers, and that form of ulcer that so frequently follows varicose veins, tannin, in the form of powder, especially in cases accompanied with hæmorrhage, immediately arrests the bleeding, and renders the ulcers clean and more disposed to fill with healthy granulations, and ultimately to heal. As an astringent collyrium, Dr. Cummings has also used the tannin with marked relief, and considers it preferable, in all cases of *purulent ophthalmia*, to any other article with which he is acquainted.—*London Journal of Med., November*, 1850.

LXIII. Hints on the Treatment of Lacerated Perinæum from Parturition. By W. E. Horner, M.D., Philadelphia. Condensed.—In October, 1848, I assumed the charge of a young married lady after her second accouchement, the accident under consideration having occurred in the first. The laceration was complete from vulva to anus; the parts were cicatrized over an inch or more deep, and but one fissure was apparent from near the os coccygis to the clitoris. The patient, of rather a full habit, and well organized in other respects, was rendered miserable and helpless by a constant tendency to diarrhœa, only to be restrained by the incessant use of opiates; and her life was unavoidably retired, owing to her want of control over her natural discharges. Much of the fæcal matter passed forward through the rima vulvæ, which added to the distress of her situation.

The operation was performed in the usual way, by paring off the cicatrix of each margin of the perinæum, and then fastening it carefully with interrupted stitches along the rectal and along the vaginal edges of the cut; and, to secure more fully the permanency of contact, the sphincter ani muscle was divided on each side of the anus. Unfortunately, the menstrual flux came on prematurely; and it, with the natural discharges of the vagina, loosened every thing like adhesion. The operation was a failure, though the bowels had been kept unopened for many days, so that no counteraction from fæcal discharges had occurred.

This lady, not discouraged by the want of success, insisted on another trial, and I operated a second time, January 28, 1850, just fifteen months after the first trial. I had now, of course, additional difficulties. The portion of perinæum pared away in the former instance had reduced its extent; the slit from vagina into rectum had been elongated or deepened. If lateral adhesion had failed before, the failure now was still more probable. Under these considerations, I determined to modify the operation, so that, if unsuccessful, the patient should, at least, not be the worse off for my attempt. The following plan was accordingly arranged. Two flaps to be made from the perinæum and adjoining part of the vulva, the one on the right of the patient, the other on the left.

If the base of the right flap be placed below, and the base of the left flap above, upon crossing the two flaps a partition will be formed between the rectum and vulva; there will be no loss of substance; the free side of the right flap will form the upper part of the rectum, and the free side of the left the lower part of the vagina; and interrupted stitches along the rectum and along the vagina will secure the approximation of the flaps, and the contiguity of their raw surfaces.

In accordance with this plan, the operation was performed; the patient being under the influence of a mixture of chloroform and of æther. The right flap was fully and satisfactorily made. The left flap, owing to a sudden contraction, its transverse part being first made, was not as desired, but fell short of my intentions. The parts were adjusted and fixed with stitches. For the first ten days or so there was a strong indication of success. A large firm stool having then occurred, upon examining whether injury had been done, I found that either from it or from indisposition to unite, the flaps had not adhered. But it pleased me much to see that they were *in situ*, so that the partition was kept up between the rectum and the vagina. The ligatures having all been detached, I found in a month after the operation that the left flap had shrivelled away almost to nothing; the right flap had lost one-half of its first size, but it still remained as a barrier between the two canals; and, with a linen compress introduced into the vagina and laid upon it so as to keep the flap in place, the discharge of fæces was regulated, so that there was no diarrhœa, and no medicine was necessary to prevent it. The patient felt the call for defecation, could make timely provision for it, and was so much improved in her comfort that she considered herself a different being.

At this date, July 15th, 1850, on an examination of my patient, I find that things are improved very much. The appearance of an operation having been done has subsided, so that upon a superficial examination there appears to be a regular division between the anus and the vulva, a reproduction of the perinæum. The latter is, however, actually only the claustrum made by the operation; the edge of it is still loose, but yet it has the effect of directing the rectal discharges backwards, and the vaginal forwards. The recto-vaginal fissure has diminished much in depth, and the comfort of the patient has been vastly augmented. From having been for a long time in an absolutely helpless state, she began to participate in her house-work, and continued to do so until lately, when her diarrhœa was unfortunately reproduced by a visit to a region of limestone water. But with this disadvantage she says her feelings are more natural, and that she has a much better control of flatulent and fæcal discharges than formerly, and is apprized of their approach. It yet remains to try whether, by a protracted application of the milder escharotics to the free edge of the new claustrum, a perfect adhesion of it may not be obtained. As the duration and success of this process are uncertain, the result may possibly be the subject of a future report.—*The American Quarterly Journal, p.* 325.

LXIV.—Asthma successfully treated by Nitric Acid. By T. S. Hopkins, M.D., of Bethel, Glynn County, Georgia. —The following five cases of asthma, cured by the use of nitric acid, have occurred in my practice since the summer of 1847. It is not my desire to attempt any explanation as to the modus operandi of this remedy in the above disease. Its beneficial effects were accidentally discovered, and, after a fair trial in five consecutive cases, with the most entire success, I am induced to bring it to the notice of the profession, trusting that in other hands than my own it may prove a potent agent for the relief of a disease which so often resists the best-directed treatment. Several of these cases were from twenty-five to thirty-five miles distant from my office. Most of them were not seen by me from the time of my first visit and prescription until a cure had been effected. I describe them as I found them at the time of my visit, and from the history given by parents and masters, which I think can be depended upon.

Case 1.—Emma, negro girl, aged five years, belonging to Mr. T. G., had been asthmatic *almost* from birth. Nightly paroxysms of dyspnœa, cough, &c., were represented as most distressing. During the day, she would be up and about the yard with the other children. At the time that I saw her, her respiration was somewhat embarrassed, with slight elevation of the shoulders during inspiration, and a very distinct mucous râle. Her appetite was impaired, and her countenance cheerless.

I ordered nitric acid, three drops, to be increased to five, three times daily, in a wineglassful of sugared water. A month elapsed before I again saw this patient, at which time every symptom of disease had disappeared. I prescribed for her in December, 1847, and up to date no symptom of asthma has returned.

Case 2.—I was called in November, 1848, to see W. S., aged about six years, son of a planter of Glynn county. I was informed that this boy had been a subject of asthma for four or five years; that no expense had been spared in seeking for relief in his case; and that all the efforts of the best physicians in the neighbourhood in which he had resided, had been in vain. When I saw him, he had cough, slight dyspnœa, with mucous râle distinctly audible at the distance of several feet. By walking up and down the steps of the house, once or twice, the difficulty of breathing and cough would be much increased. He was very lively and cheerful, with a good appetite, and had had no fever for months. His father informed me that, upon the least *exposure* during the day, he would be attacked at night with the most fearful symptoms. Wheezing, panting, incessant cough, distressing dyspnœa, with impending suffocation, were the inevitable consequences (at night) of exposure during the day.

I ordered nitric acid, five drops, three times daily, in a wine-glass of sugared water, with a strict avoidance of exposure.

In a fortnight, he had been so much relieved that his parents imagined him cured, and discontinued the acid. In a few days, he relapsed, and I was again sent for. I ordered the acid to be continued, as before, and in one month from the time of my first visit he was *cured.*

Up to date there has been no return of disease.

This boy's father died of phthisis pulmonalis. Several of his mother's family have died of the same disease; and all of *his* brothers and sisters, without an exception, have in early childhood been sufferers from enlargement of tonsils and ulcerated sore throat. He is now the picture of health.

Case 3.—A mulatto girl, belonging to Mr. W. D. T., aged four years. This was a case of congenital asthma.

The symptoms in this and the following case (aged about four years) were so similar to those of Case 1, that I shall not describe them.

The treatment was nitric acid, three drops three times daily, in a wine-glass of sugared water.

This case resisted the treatment rather longer than the other cases, but was *cured* in about six weeks.

In *Case* 4, the immediate effects of the acid were perceived in a few days; and in eight or ten days she was cured.

Case 5.—I never saw. It was a negro girl belonging to Mr. C. of Camden county. She was seven years of age. Her master applied to me for a prescription, after giving some of the most prominent symptoms, which convinced me that the case was asthma, as he had declared it to be,

I prescribed five drops of nitric acid, three times daily.

I heard nothing more of this case for several months after I had prescribed, when I was informed by her master that she was well.

A sufficient time has elapsed, in all these cases, to convince me that they have been radically cured.—*American Journal of Medical Sciences.*

LXV.—External Employment of Liquor Chlorini.—Drs. Cramer and Schneider have published communications recommending the more extensive use of chlorine as an external application. The good he had seen result from the application of *liquor chlorini* to malignant pustule and similar affections, induced Dr. Cramer to try its effects in bad furunculous swellings, the progress of which was thus surprisingly expedited, and the extension of the ulceration much limited, as compared to what occurs under the use of poultices. So, too, he has derived great advantage in employing it in large abscesses and in buboes, the matter sometimes becoming reabsorbed; and, where this is not so, the progress of the case is still very favourably influenced. Great relief followed its application to the neck, in a case of scarlatina, in a child, wherein suffocation seemed impending. He keeps compresses well soaked in the fluid, constantly to the part. Dr. Schneider still more strongly recommends its use as a gargle in variolus diseases, and in angina. He uses it diluted with water, and finds it exert a remarkable abortive power over variola, when affecting the tongue and throat, and angina in general.—*From Casper's Wöchenschrift,* No. 8.

LXVI.—Very Minute Doses of Tartar Emetic in Phthisis and Asthma.—M. Bernardeau gave an account of the great benefit he has seen derived from the administration of minute doses of tartar emetic in the hectic of phthisis. Since that period, he has used it in other stages of tubercularization, and in several cases of asthma, with excellent effects. He gives from three to six pills in the twenty-four hours, each containing one twenty-fifth of a grain. By their use, the cough, dyspnœa, and inordinate action of the heart become calmed, and in fact all the good effects of morphia, without its inconvenienes, seem to be produced.—*Bull. de Therap.,* vol. xxxviii. p. 311.

LXVII.—Importance of Preserving Perfect Silence in Laryngitis.—One of the most important general instructions that can be given to a patient suffering from chronic laryngitis, is to preserve as perfect a silence as he possibly can; and even when he requires to speak, to do so in a whisper. He will thus avoid the irritation which the use of the vocal organs always produces in some degree, for in whispering the glottis is very little disturbed, and the vibration of the whole larynx, which occurs in common speaking, is diminished to the minimum. The parts are, therefore, in the most favourable state for being cured, and the progress of the case is generally satisfactory or otherwise, just as the patient submits or does not submit to this injunction.—*Dr. Watson on Laryngeal Disease.*

LXVIII. Ethereal Oil of Bitter Almonds.—By Professor Mitscherlich.—Owing to the difficulty of entirely freeing this substance from prussic acid, physiological experiments hitherto performed with it have given very different results. M. Mitscherlich has recently undertaken a series on rabbits, which confirm the observations of those inquirers who state that its dangerous effects are proportionate to the amount of prussic acid which still continues combined with it, and that, when freed from this, and given in doses in which the unfreed oil quickly kills, it scarcely excites any more powerfully poisonous effects than do the other essential oils. The conclusions are:—

1. Bitter-almond oil is a poison in large doses. It acts more feebly than ethereal mustard oil, but more strongly than the ethereal oils of savine, cinnamon, nutmeg, fennel, turpentine, juniper, and balsam of copaiba. 2. It is re-absorbed in the stomach, and in part excreted by the kidneys and lungs. Given in small doses, it may, according to the experiments of Wöhler and Frerichs, be oxidized in the economy, and converted into hippuric acid. In larger doses, the oxidation is incomplete, and a portion of the unchanged oil is found in the urine and expired air. 3. The most remarkable effects which fatal doses produce are, the rapid annihilation of voluntary motion and sensation; the respiratory movements and action of the heart; both of which are accelerated by this poison still continuing. 4. It produces the same changes in the intestinal canal as the other ethereal oils do. 5. When not freed from prussic acid, it acts almost entirely by reason of its presence. The pure oil, given in doses of a scruple, does not produce any essential symptoms, but in larger doses it acts as the other ethereal oils.

The fact of this oil being employed in the manufacture of confectionery and perfumery invests these conclusions with a practical importance.—*Brit. and For. Med. Chir.-Rev., July,* 1850, from *Buchner's Rep.*

TO CORRESPONDENTS.

Mr. Spencer is thanked for his letter and enclosure, which we regret we have not space for in our Journal of this week. It shall appear, if possible, in our next.

Alpha is informed that individuals holding a *Giessen* Diploma, cannot legally practise as General Practitioners in this country. As your friend's case is a peculiar one, we recommend him to apply to the Society of Apothecaries; and, upon a representation, we think there is little doubt they would receive him as a candidate for examination.

Those gentlemen who have been kind enough to write letters, commendatory of our efforts, receive our best thanks.

Letters and Communications have been received from Alexander Murray, Esq., of Shenley: Thomas Stokes, Esq., of Nailsworth: John N. Shelley, Esq., of Dorking, Thomas Godfrey, Esq., Herne Bay; Thomas G. Wales, Esq., of Downham; Henry H. Dearsley, Esq., Bridge-terrace, Harrow-road; Frederick William Headland, Esq., King's College; George Chapman, Esq., Lingfield; George Weekes, Esq., Hurstpierpoint; James Dulvey, Esq., Brompton, Chatham; Flaxman Spurrell, Esq., Bexley Heath; John Propert, Esq., New Cavendish-street; George Webster, Esq., M.D., Dulwich; Henry Whitfield, Esq., Ashford; William P. Hoare, Esq., Faversham; James Parker, Esq., Tunbridge; Charles M. Burnett, Esq., M.D., Alton: Henry Boxall, Esq., Wisborough-green; John Cordy Burrows, Esq., Brighton; William Cautrell, Esq., Wirksworth; Richard N. Trew, Esq., Steyning; T. Herbert Barker, Esq., M.D., Bedford; John Liddle, Esq., Alie-place; Frederick Ticehurst, Esq., Hastings; Robert Cumming, Esq., St. Leonard's-on-Sea; Edward White, Esq., Lamb's Conduit-street; James Fisher, Esq., Aspall-Moor, Wigan; Edwards Crisp, Esq., M.D., Parliament-street.

Correspondents will much oblige the Editors and the Printer if they will write communications intended for insertion in the Journal on *one side of the paper only.*

To the Editor of 'The Institute.'

Sir,—Having been a subscriber to 'The Institute' since the commencement, I was surprised to find that the "Compendium of Medical Science," contained in all the previous numbers of the Journal, had been omitted in your last; and as I had looked upon this department of the Journal as most valuable, I wish to know whether it is your intention to continue it in the succeeding numbers.

I am, Sir, your obedient Servant,

WM. KINDERSLEY.

George-street, November 19th, 1850.

The "Compendium of Medical Science" will be continued.

Dr. D'Alquen's communication shall receive attention. We do not think he has quite understood our censure of the subject to which he alludes.

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The *Council of the National Institute*, anxious to extend a knowledge of its Principles, so far as they relate to the public interests and those of the great body of the Profession, desire to state, that it is established with a view to obtain, upon the principle of reciprocity, the Incorporation of the General Practitioners of England and Wales, and to form, irrespectively of the special Colleges, an Institution comprising within itself the entire range of Medical and Surgical knowledge;—also, to sustain the status of this class of practitioners, by requiring of the candidates for its diploma, a satisfactory test by efficient examinations as to their qualification to practise Medicine, Surgery, and Midwifery,—and to correct those social and political grievances existing in the Profession, which the present Medical Institutions, from their special character and the absence of all intercourse with their members, are totally unable to accomplish.

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The Council of the Institute have been long sensible of the evils alluded to and being confident that they are daily increasing, and that the Profession is now suffering, more than at any former period, from the inconsistent and anomalous state of the laws by which it is governed, have, with the view to remedy the grievances complained of, presented to the House of Commons, through James Wyld, Esq., and Colonel Thompson, a Bill for the Independent Incorporation of the General Practitioners, and to which the attention of the Profession is now specially directed. The Council of the National Institute trust that their professional brethren, in discussing the question of Medical Reform, will not allow petty considerations to interfere with a liberal and comprehensive view of the subject; but that they will be convinced of the necessity of acting upon the principle of reciprocity in any attempt that may be made to effect a satisfactory re-organization of the Profession, the propriety of which is evidenced in the letter of Sir George Grey to the Council of the College of Surgeons, dated June 12th, 1850.

That as the introduction of the Bill into Parliament, and the means necessary to be adopted by the Council to facilitate its future progress, will be attended with considerable expense, the Council hope that all who advocate the Incorporation of the General Practitioners will contribute in aid of the object contemplated.

By order of the Council,

HERBERT WILLIAMS, Secretary, *pro. tem.*

Office, 4, Hanover-square, Oct. 1st, 1850.

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II. The exposure and discouragement, by all practical means, of illegal, unqualified, and empirical practice, and the employment of every effort to obtain an efficient penal enactment against unqualified and illegal practitioners.

III. The necessity of a high standard of education and qualification, with sufficient tests, by full, fair, and complete public examinations of every individual, to be authorized by law to practice Medicine, Surgery, and Midwifery.

IV. Reciprocity of practice, based upon a uniformly high standard of qualification, for all the members of the profession of the United Kingdom.

V. The policy and absolute necessity of granting to the General Practitioners of this country, CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

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VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity for a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

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Quain's Elements of Anatomy, 5th ed.

Carpenter's Principles of Human Physiology.

Watson's Lectures on the Principles and Practice of Physic; Williams' Principles of Medicine; and Vogel's Pathological Anatomy of the Human Body, may also be read with advantage.

Miller's Principles of Surgery.

Churchill on the Theory and Practice of Midwifery.

Every Candidate is required to present himself for registration to the Secretary preceding the examination, and to communicate by letter with the Professor of Medicine at least a fortnight previously, stating what diploma or certificate he intends to produce.

JAMES M'BEAN, A.M., Secretary.

LECTURES.

LECTURES ON THE GERMAN MINERAL WATERS,

DELIVERED AT

THE HUNTERIAN SCHOOL OF MEDICINE.

By SIGISMUND SUTRO, M.D.,

Senior Physician to the German Hospital.

LECTURE II.

Gentlemen,—The springs furnish a natural point of classification by the sensations they produce on our body through their varying temperature. The more a spa approaches the temperature of the blood, the less animal heat is withdrawn by the contact, and the greater the perception of warmth. For convenience sake let us designate, with Vetter, those springs as *krenæ*,* cold springs, having a temperature below 15° Reaumur or 66° Fahrenheit; *thermæ*, hot springs, when the temperature exceeds 28° Reaumur or 95° Fahrenheit. Those that range between 15° and 28° Reaumur, or 66° and 95° Fahrenheit, may be considered as of intermediate temperature, still apt to deprive the body of some heat, but unable to display the medicinal effect of cold; they are designated as *pegæ*.† Mineral waters, without reference to temperature, are also termed *pegæ*. Perhaps it would not be out of place here to acquaint you with the readiest mode of rendering degrees of Reaumur into those of Fahrenheit. You will be aware, that in Germany and many other parts of the continent, the scale of Reaumur is used, in which the temperature between the freezing and boiling points of water is divided into 80°. In England, Fahrenheit is exclusively employed, who divided the same amount of varying heat into 180°. Thus 8° of Reaumur correspond with 18° of Fahrenheit, or 4° of Reaumur with 9° of Fahrenheit. If they had both allowed the freezing point to begin at Zero, the calculation would have been extremely simple. Fahrenheit having, however, begun his scale 32° below the freezing point, you will have to add this number after having found the exact proportion of degrees corresponding with those of Reaumur. If the number of Reaumur is divisible by 4, for instance, 40° Reaumur, you have 10 fours of Reaumur, which are equal to 10 nines of Fahrenheit=90°, add to these the 32° below the freezing point, and the result will be 122° Fahrenheit. If the Reaumurian number is not divisible by 4, for instance, 7° of Reaumur, multiply first with 9—you obtain 63; divide then by 4, result $15\frac{3}{4}$; add 32, and you find $47\frac{3}{4}$° Fahrenheit, 7° Reaumur.

Another point of natural division may be derived from their topographical variations, which do not fail to exercise a considerable influence on their medicinal efficiency. Their respective altitude modifies the atmospheric pressure, and displays properties of its own, whilst the temperature may be more analogous to higher latitudes.

The diminished pressure and greater purity of the air in higher situations invigorate and stimulate the weakened nervous system, and diminish passive pulmonary blennorrhages, whilst they would disagree with persons of irritable thoracic organs, exciting hæmoptysis, congestion, or inflammation, where a tendency exists to such diseases.

It has been calculated that the warmth of the air diminishes by 1° Reaumur for every 500 feet of height. But however applicable this law may be in the higher regions; it is less so nearer the earth, the temperature being modified by the direction of the mountains, geographic latitude and many other circumstances.

Some of the Salzburg and Tyrol mountains approach Mont Blanc and Monte Rosa in height, the Gross Glockner rising to upwards of 11,000 feet; and the mineral springs of the upper valley of the Inn (Upper Engaddin) at St. Moritz, are situated 4,000 feet above the sea, several in the lower valley near Inspruck only lie 1,700 feet high.

The higher or lower situation of the Bavarian springs depends on their vicinity to the Southern Alps, the Bohemian Forest, the Fichtelgeberge and the adjoining Fränkish mountains, or to the river-domains of Danube and Main.

The same relation takes place with the spas of Austria, their altitude being determined by the neighbouring mountains of Steyermark and Kärnthen, or by the Danube. If the course of the river be pursued upwards, you will perceive the proportionate height of the adjoining springs from that of the following towns.—*Vienna* is situated nearly 500′ over the level of the sea; *Passau*, nearly 800′; *Regensburg*, 1,100′; *Augsburg* on the Lech, 1,400′; *Ulm* on the Danube, about 1,100′; *München* (Munich) on the Isar, 1,600′; *Memmingen* on the Iller, south of Ulm, nearly 1,900′. In this whole river domain of the Danube and Inn no spring is situated lower than 500′; several on the contrary much higher. You observe the range of fall to be 1,300′ between Memmingen and Vienna.

In *Bohemia* those near the Bohemian, Fichtel, Erz, and Riesengebirge are higher; those situated more in the centre of the kingdom, lower; *Prague*, the capital, occupying nearly a central position, lies about 500′ over the sea, the surrounding mountains being from 2,000 to 3,000 feet high.

In *Saxony* and *Thüringen* those springs belonging to the river domains of the *Elbe*, or to the fertile plains intersected by the river *Unstrut*,* do not lie higher than 300′, some even lower; while those approaching the Thüringer Wald, and Erzgebirge, are much higher. *Dresden* on the Elbe, lies only 280′ over the sea; *Meissen* on the Elbe, about 200′; Leipsig on the Elster,† 300′; whilst nearer the Thüringer Wald (forest), *Erfurt* to the west of the Saale,‡ lies nearly 600′ high; Weimar, to the north-east of Erfurt, 650′; Gotha, to the west of Weimar, 900′.

The springs of *Wurtembery*, *Baden*, and the *Rhine* are determined, as regards their altitude, partly by the vicinity of the Schwarzwald, Taunus, Eifel, or other mountain-ranges, bordering on the Rhine, and partly by their more northern or southern position. The mirror of the Rhine is near Basel, 765′, over the sea, near Mainz, 256′, near *Coblenz*, 190′, near Bonn, 138′, near Cologne, 112′, whilst the highest peak of the *Schwarzwald* rises to upwards of 4,000′, and of the Taunus to 2,600′.

Most of the Silesian springs are distinguished by an elevated position, being situated near the highest points of the county of Glatz and of the Riesen mountain. The height of the *Schneekoppe* is nearly 5,000′, that of *Breslau*, on the Oder, only 400′. The spas to the south of Breslau, near the mountains, range in their altitude between 800′ and 1,700′.

Among the springs of *Kurhessen* and *Westphalia* those only claim greater altitude which arise near the Westerwald, the Rhön, the Haar, the Teutoberg forest, and the Weser mountains. The highest point of the Rhön, at the south-eastern boundary of Fulda, rises to nearly 3,000′. *Fulda*, itself on the Fulda,§ lies about 800′ over the sea; *Cassel*, on the Fulda, more northerly, about 500′; *Giessen*, on the Lahn,‖ about 400′; *Hanover*, on the Leine, only 240′.¶ The mineral springs of *Pyrmont* and *Hofgeismar* between 400′ and 500′.

Near the shores of the North and Baltic Seas, in the absence of mountain ranges of importance, the mineral springs are destined to a comparatively low situation, becoming of course lower the more they approach the sea.

But the high position must not be considered as an invariable means of rendering the air too rough or bracing. Thus *Ischl*, in Austria, to the east of Salzburg, which you see here situated in a highly-mountainous region, at an altitude of 1,400′, enjoys a very mild and temperate climate. The same is maintained of *Pfeffers*, in Switzerland, near the Rhine, upwards of 2,000′ high, and *Leuk*, on the Rhone, upwards of 4,000′ over the sea.

If we examine the constituents of the springs, and compare them with those of the mountains in which they originate, we find a great similarity. Those springs coming to light in flat, sandy plains, consisting of alluvial land, greatly differ from those arising out of primary rocks, out of stratified mountains, or out of volcanic rocks.

In Switzerland, the central mountainous region of our globe, we find a great abundance of powerful springs in the valleys of the Rhone, the Rhine, the Engaddin, the Aar, at the foot of the Jura, of the Bern mountains, and of Mont Blanc.

Their composition corresponds with the non-volcanic character of the mountains. The thermal springs enjoy a great reputation for efficacy, but possess a comparatively small quantity of ingredients. The *krenæ* (cold springs), contain a considerable quantity of carbonic acid, but less iron and salts of soda; and the remarkable want of common salt in Switzerland, is also visibly apparent in most of its springs. In the northern declivities sulphates are more frequent than in the southern.

In the mighty ranges of primary mountains passing through Scandinavia, a decided want of thermal springs is perceived, though there are numerous cold springs, with an inconsiderable quantity of solid ingredients.

The origin of the British mineral springs, seems to be connected in the north with the basaltic mountains of Scotland, and in the

* From κρήνη—source. † From πήγη—spring, salien water.

* Enters the Saale, south of Merseburg.
† Joins the Saale above Halle.
‡ Embouches into the Elbe about 52° lat.
§ Embouches into the Weser.
‖ The Lahn joins the Rhine near Coblenz.
¶ The Leine is a tributary of the Aller which mouths into the Weser below 53° lat.

south with the abundance of coal-mines; and thus cold, ferruginous, and sulphurous springs are more frequent than *thermæ*.

The flat countries near the shores of the North and Baltic Seas cannot boast of possessing important mineral waters, with the exception of some salt springs; but there is greater abundance in the mountainous centre and south of Germany.

The mountain ranges bordering on the high Tyrol Alps in the north, contain few mineral springs; more are found in the mountains of Swabia, near the Rauhe Alp, and the sombre Black Forest (*Scharzwald*), with its primary mountain masses running along the Rhine. A considerable group of salt springs arises either parallel with or adjoining these masses, on the right and left shore of the Rhine between Basel and Wiesbaden.

Another chief group is formed by the Taunus, which you see here bounded on the west by the curvature of the Rhine, just above 50° latitude. This group is, however, deficient of sulphureous waters, with the exception of Weilbach (east of Mainz), and Nierstein (south of Mainz).

On the left shore of the Rhine, the Eifel, with its clay-slate and basalt, encloses extinguished volcanoes and volcanic productions, and abounds in efficient mineral springs.

The mountain chain of the right Rhine-shore, accompanying the river as it were from the north, is connected in the east with the Westerwald (north of the river Lahn), and thus forms a transition to a third group of numerous and celebrated springs, viz., those belonging to the Teutoburger forest, (above lat. 52°), Vogel mountains (50½° lat.), to the volcanic basalt-cones of the Rhön (from 50° lat.), of the Thüringer forest (from 51° lat., east of the Werra river), and lastly, to the Harz (the eastern boundary of these mountains, below lat. 52°, east of the Leine), which looks like a promontory over the surrounding flat coast countries. This group, abounding as it does in cold ferruginous and sulphurous springs, did not possess one thermal, till very lately, when a thermal spring was discovered by boring deep into the bowels of the earth, for a greater supply of salt, in one of the salt works.

A fourth highly important group is encircled in the middle of Germany, by the Bohemian mountain-chain. Prague, the capital, on the Moldau (about 50° lat., and 6° to the east of Frankfurt). In their womb arise very powerful springs, particularly among the central mountains (Mittelgebirge), which abound in klingstone, gneiss,* basalt,† basaltic horn-ore,‡ with other volcanic products. There are many thermal, alkaline, and cold ferruginous springs, but no powerful sulphurous water.

To the west of these the picturesque Fichtelgebirg (50° lat., east of Rhön mountain), with its rocks of basaltes and green stone forms the focus and centre of several large rivers and of numerous mostly ferrugineous springs. Not one therma is found in this group.

Still farther west are the Fränkish mountains (north of Danube), abounding in vintage, and in saline and ferruginous springs; to their north the Erzgebirge (west of Elbe), metalliferous mountains, with their inexhaustible sources. To the east the majestic Riesengebierg (giant mount, in which the river Elbe takes its source), and the Sudeten, with their granite§ and sandstone rocks, possess powerful thermal and ferrugineous acidulous springs.

To explore the origin of the mineral springs, no pains or expense were spared in former times, by digging deep into the bowels of the earth, but the results were unsatisfactory, as might have been expected. To arrive at a somewhat clearer perception let us first consider *the relation* between the atmosphere and the surface of the earth. The different non-mineral springs, prove by their fixed and volatile constituents that they are impregnated with particles belonging to the superficial strata of the soil, through which they had to pass. Thus the springs of gypseous mountains contain sulphate of lime; those arising in marshy countries often abound in vegetable extractive matter; whilst those springing out of primary mountain masses, contain but few solid ingredients. This connexion of cause and effect may likewise be traced in the constitution of most mineral waters. It is true you sometimes find saline springs originate out of strata of lime, or sulphureous, ferrugineous, and saline in close vicinity, coming out of the same soil. Take for instance the renowned *Wiesbaden*, one of the most celebrated Halopegæ (salt springs); a few leagues to the south-east you see *Weilbach*, a powerful *Theiokrene* (cold sulphur spring); turn to the north, and within another few leagues you have the celebrated chalybeate spring of *Schwalbach*. Again, here you see *Ems* on the Lahn; a hot spring so celebrated for its beneficial influence in certain pulmonary and laryngeal diseases. Proceed a few miles to the east, and you meet with the cold springs of Geilnau this side, and Fachingen the other side of the Lahn.

It has been assumed, that the whole mass of water on the globe remains constantly of the same amount, undergoing various changes of form by atmospheric influence. The water attracted and imbibed by the surface of the earth, penetrates to different depths according to the more or less yielding and porous character of the recipient layers. It then collects in the interior and begins its solvent and chemical action on the surrounding strata, with results corresponding to their character. Of course the deeper they penetrate, the less they are influenced by the composition of the superficial layers, or by variations of temperature.

It is of importance to consider whether a spring has a merely *local* origin, or whether it owes its existence to the *general* character of the mountainous formation.

Thus most acidulous and thermal springs can be traced to certain characteristic mountain chains, whilst sulphureous and chalybeate springs are mostly independent of the general character of a region, and seem to stand as isolated products of local causes. This is, for instance, the case with the chalybeate of Alexisbad (near the Harz), the sulphur spring of Northeim (east of Driburg), &c.

As regards the Eifel and Taunus mountains, the Thermæ of Bertrich (west of Moselle), Ems, and Wiesbaden (east of the Rhine), they no doubt originate from the deeper volcanic basins of these mountains, and the neighbouring cold acidulous springs of Geilnau, Fachingen, and Selters, from higher lime-strata, containing slate.

A similar relation may be observed in Bohemia. The natrotherma (hot alkaline spring) of Teplitz (south of Dresden) arises at an elevation of 700′, that of Carlsbad at 1,100′, (south-west), the cold chalybeate of Franzensbrunn at 1,500′, (to the west of Carlsbad), Alexandersbad, still more to the south-west, 1,900′, and Steben, to the north, 2,000′, (on the Saale river).

In the ramifications of the Riesengeberg, to the east of Teplitz, the sulphur-spring of Warmbrunn arises at 950 feet, the tepid spring of Landeck (near the Sudeten mountains) at 1,400′, and the acidulous springs between 1,100′ and 1,800′.

The hot springs of Leuk (on the Rhone), arising at a height of 4,000′, and of Gastein (below the river Salzach) at nearly 3,000′, only form an apparent exception, as I shall be able to show you hereafter.

Springs of a more superficial origin generally belong to the youngest strata of gypsum, shell-lime, rock-salt, peat, and coals. They are mostly found in flat countries, in plains of alluvial land, intersected by stratified mountains, but only of moderate height. No spring of this class lies at a greater elevation than 600′ or 800′.

They generally contain few volatile ingredients, and are particularly deficient in free carbonic acid. Their solid constituents are either inconsiderable, or very abundant, particularly in culinary salt and salts of earths. Some of these, however, are more admixed than thoroughly dissolved and united in *one* combination. Their composition is, further, in some degree dependent on atmospheric or climatic influences, even as regards quantitative proportions.

Among this group must be reckoned:—

1. Iron springs, particularly those that contain little carbonic acid. They are found near strata of peat, as Muskau (on the Neisse, tributary of the Oder), and Hofgeissmar, (south-east of Driburg). They generally arise in marshy countries, under strata of iron ores, of ferrugineous clay, of aluminous slate, and of peat. But with these must not be confounded the chalybeates which abound in free carbonic acid, and possess a volcanic origin; the surrounding layers of moor may, in their instance, rather be considered as the products of the springs; (for instance, near Marienbad.)

2. Some *cold sulphurous springs* are to be enumerated here, superficially arising out of alluvial land (sometimes from strata of clay), for instance, Northeim (east of Driburg); or they may originate deeper in stratified mountains. Sweet sources sometimes penetrate into strata of coals, inducing a sort of fermentation and decomposition of the sulphates. Cold sulphurous springs are such frequent companions of coal strata, that they almost serve as guides for the latter, of course, with some exceptions.

3. Saline springs owe their origin to the layers of rock-salt through which they pass, and which belong to a younger formation, and are frequently surrounded by gypsum, lime and clay. The process of solution, performed in the interior of the earth, is often artificially imitated in salt-works, for instance, in Ischl,

* A very hard mineral, consisting of glimmer, quartz, and fluor spar, particularly used to erect buildings in the water.

† A clayey, blackish, hard, and heavy, kind of shining stone, which forms columns 18 inches thick, and 12 to 14 high. It consists of iron-marble.

‡ Of brittle texture, column-like.

§ A very hard granular stone, consisting of quartz, fluor spar and glimmer, the single parts of which allow of being polished, and seem to form the nucleus of primitive mountains.

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east of Salzburg, to obtain the salt out of the ashes. In the latter place, a cold sulphur spring arises, not far from the salt-works.

The celebrated chalybeate of *Pyrmont* (this side of the Weser) contains comparatively little salt, though this abounds in its saline spring, in the immediate neighbourhood, clearly indicating a shallower birth-place.

The saline springs can be traced in the direction of the mighty layers of salt. The rich salt mines of Austria furnish us with Ischl, Reichenhall, Rosenheim (towards the west). The strata of salt near the shores of the Rhine, from Basel to Aix-la-Chapelle (west of Cologne), present us with Baden-Baden, Kreuznach, Wiesbaden, Soden, Nauheim, Schwalheim, Salzhausen, Burtscheid, &c.

From the Nether Rhine, considerable salt mines pursue an easterly direction towards the Weser and Elbe, giving birth to Œynhausen near Minden, Salzuffeln (under Eilsen), Sondershausen, on the Unstrut, Elmen, 52° lat., Halle (under Elmen, on the Saale), and Colberg on the Baltic Sea, (east of the Isle of Rugen).

The springs of Schwalheim and Salzhausen show, that the halopegæ may originate near peat-layers. No doubt some owe their origin to volcanic processes, as Wiesbaden, Baden-Baden, and Aachen.

As regards the elevation of saline springs, you will observe that, though generally situated in the depth, as in the north of Germany, sometimes they lie more than 1,000 feet over the level of the sea, as in the Salzburg district and Tyrol. The salt spring of Chamossaire, near Bex (on the Rhone), is upwards of 3,000 feet above the sea; Reichenhall and Hallein (in the neighbourhood of Salzburg), 1,300; Halle on Elster, 500; Colberg, near the sea.

Let us now consider *those springs, penetrating into much greater depths, and being less dependent on atmospheric or superficial influences.*

They arise out of primary transition or volcanic mountains. Compared with the above, they offer their atoms in a more thorough and intrinsic combination; their temperature, quantity of water, and composition, is more constant.

The *thermal and acidulous springs* are of this order:—The volcanic processes in the interior of the earth seem to form an antithesis to the organic productions on the surface, driving mighty rocks of basalt out of the depth of the sea, inflaming strata of coals, inundating whole regions with lava and ignited substances, shaking the highest and firmest mountain ranges, and all this free from the various forces and elements acting in the atmosphere of the surface. Fire alone could not accomplish these processes without the co-operation of water.

The contact of the two powers, however, produces vapours, which by expanding and pressing outwards burst the opposing layers of the earth and discharge streams of lava and of basalt.

If the vapours are retained and locked up, earthquakes necessarily ensue. Should they however find no resistance, they form gaseous products and stream out as carbonic acid, sulphuretted hydrogen or nitrogen.

To these gaseous streams the thermal and acidulous springs seem to owe their origin.

The volcanic character is probable from their situation, being mostly near active or extinguished volcanoes. Vesuvius is surrounded by thermal springs. The mightiest volcanic mountain chains of Europe are accompanied by the most powerful thermal and the most abundant acidulous springs, in North Bohemia, on the Rhine, &c.

A relation, no doubt, exists between earthquakes and Thermæ. It is asserted that those regions are less exposed to earthquakes which possess volcanic springs—for instance, North Bohemia, the Rhine, and Taunus regions. Such mountain chains, in which no eruption of lava, basalt, hot vapours, or carbonic acid, has taken place, are said to be more exposed to earthquakes. During the earthquake of Lisbon, that part built on limestone suffered more than the adjoining Belem, partly built on basalt.

Of all the earthquakes that took place in January and February, 1824, from the foot of the Saxon mountains to the Elnbogner-kreis (circle), only two German miles from Carlsbad, nothing was perceived in Carlsbad itself. Sometimes springs that have flowed for centuries, suddenly stop under some distant volcanic revolution, cease flowing for years, and then as suddenly return, sometimes with changed temperature. This happened in Carlsbad in 1809, whilst an earthquake took place at Lisbon. The Schlossbrunen disappeared, and returned in 1823 with lower temperature.

Through the earthquake of 1692, the water of the Pouhon, one of the springs of Spaa, near Liege, became clearer, of a stronger taste, and more abundant. Sometimes, however, earthquakes are only perceived in the environs of hot springs, whilst the flat country is spared.

During the earthquake, in the year 1768, the sulphurous therma of Baden, near Vienna, became violently agitated; rose a foot higher, and developed a stronger smell of sulphur than usual.

Most remarkable, however, are the changes that took place on November 1, 1755, when one half of Lisbon was destroyed by an earthquake. Between eleven and twelve in the morning, the chief spring of Teplitz began to get turbid, and to discharge for a few minutes a dark, yellow liquid; and after having ceased running a short time, it burst forth with such violence and abundance, that all the basins overflowed. At first it came out turbid and yellowish red, but regained its former transparency after about half-an-hour.

A few days later, on 9th November, in Canstadt (Wurtemberg), near the mineral springs, two such violent concussions were perceived, that an adjoining house sank several feet with a loud crash.

The hot springs generally arise out of granite, gneiss, and other volcanic kinds of mountain, frequently near basalt or transition rocks of analogous formation and composition, as porphyry, greenstone, and greywacke.

Directly out of gneiss, granite, and greywacke, or in their vicinity, arise the springs of Pfeffers, Leuk, and Bormio, in Switzerland, Warmrun in Silesia, most of the hot springs of Hungaria, Steyermark, Salzburg, &c.

Even when Thermæ seem to spring up out of strata of red sandstone or shell-lime, as happens in several springs of the Vogesen, in the ramifications of the Black Forest and the mountains of Northern Switzerland, this younger formation only seems to form a sort of covering for the deeper primary mountain-masses. Thus the environs of the therma of Schinznach on the Aar (below Baden, west of Zurich), consists of marl and sandstone; but, according to all probability, this rests on granite, which extends there from the Black Forest, and which can be seen in a denuded state about a league from Schinznach. The same may be said of the neighbouring Baden, in the canton of Aargau.

The warm springs of Baden, near Vienna, arise out of tufaceous* lime.

The primary mountains do not seem, however, to be the proper focus of the thermæ, but rather a means of their connection with the volcanic processes in the interior; for the springs mostly come to light in such regions, in which volcanic mountains are found near the primary.

In Sweden, with its prevalence of primitive rocks, not one considerable therma is found. At the northern declivity of the Alps, as in Baden, Wurtemberg, Bavaria, comparatively few hot springs are found, the greater number are on the southern.

Formed out of melted granite or analogous stones, and violently raised, like lava, from their subterranean volcanic birthplace by vapours, basaltic masses burst the crusts of different kinds of mountains, and frequently attend active or extinguished volcanoes. The warm springs of Bertrich arise out of greywacke slate, interspersed with lava and basalt; the thermae of Aix-la-Chapelle out of greywacke. This connexion of thermal character with basaltic eruptions is clearly shown in the thermæ of North Bohemia, of the Taunus and Eifel mountains (near the Rhine).

In Switzerland itself, volcanic rocks are deficient, but these are found on its northern and southern boundary, as at Breisach on the Rhine, and Hohentwiel near Schaffhausen. The mountains of Tyrol possess a volcanic character. In the south of Switzerland we find, instead of basalt, corresponding volcanic rocks, changed by fire, glazed porphyry (a red brown very hard fossil.) This is particularly remarked in the environs of the great Bernhard and the Euganean mountains near Padua (west of Venedig.)

As regards the cause of the inherent heat, the most curious notions were formed. Some explained it from a peculiar process of fermentation in the interior of the earth, others imagined that the springs came in contact with caustic lime, by which heat is produced; according to others, through the action of water on sulphur pyrites. Some ascribed it to subterranean conflagration of strata of coals or peat. Coal strata are certainly met with in the neighbourhood of Karlsbad, of Aix-la-Chapelle, Baden, near Vienna, Wiesbaden, &c. Again, it was assumed, that as the temperature lowers in proportion to the rarification of the air in ascending upwards from the surface, the temperature must become higher the deeper the earth is entered and the more the air is condensed.

Others maintained that a peculiar heat constantly exists in the centre of the earth, independent of extraneous influences. That the temperature rises in proportion to depth without reference to

* Tufa is a clayey fossil, mostly porous, ashy gray, and consisting of loose particles of lime; its origin is volcanic.

geographical latitude, or to season, is an acknowledged fact. That the frequent presence of cold springs in the neighbourhood of hot, demonstrates the deep origin of the former, has been already pointed at.

Let us now consider the *composition of the Thermæ*. Alkalies prevail with carbonic, muriatic, and sulphuric acid; not only soda, but potash, and sometimes lithion. The non-volcanic springs possess more salts of earths. Carbonate of soda is very frequently met with in volcanic mountain masses, as in klingstone, basalt, pearlstone, pumice, different kinds of lava, &c. Sometimes sublimed carbonate of soda is found in volcanic regions.

Sulphuric and muriatic acids as products of volcanic processes, are frequently found near volcanoes. The same holds good of carbonic acid, though it is sometimes difficult to determine whether its evolution is due to the action of heat or of a stronger acid, by which it may be driven out of its combination.

Muriatic acid gas escapes from Etna. The surface of the lava ejected out of Vesuvius in 1794, was covered after a few days with crystals of chloride of sodium and muriate of ammonia. Chloride of sodium is the prevailing constituent of volcanic productions; the next is sulphate of lime, then sulphate of potash, then muriate of lime and muriate of potash. Also the quantity of nitrogen found in several thermæ seems to refer to their volcanic origin, this gas being often found in volcanic gaseous evolutions.

Potash is frequently found in volcanic mountains, and also, in granite, glimmer, and other kinds of primary rocks. In a similar manner, the presence of lithion, manganese and iron, can be explained, as also the phosphates and fluates.

The acidulous springs are also supposed to owe their origin to volcanic processes. Like thermæ, they appear in groups, following the tracks and ramifications of volcanic mountains. This is demonstrated by the Hungarian mountains abounding in thermal and acidulous springs.

The Riesengebirge and the mountains of the county of Glatz, have only two thermæ; but numerous anthrakokrenæ (cold acidulous springs). The same is the case with the mountains of North Bohemia, which form, as it were, one chain as far as the Rhine, Taunus and Eifel mountains.

Most anthrakokrenæ originate out of transition lime, variegated sandstone, clay slate, gneiss, greenstone, marl, and very frequently near basalt, and other volcanic products.

Their *temperature* is remarkable, from its stability being very slightly influenced by atmospheric changes, which shows them to possess a much deeper origin than common springs, and a great analogy to the characteristics of the thermæ.

In Ragozi, of Kissingen, for instance, the temperature was + 5° R., when the thermometer stood at the freezing point; when in hot summer, the temperature rose + 32°, the spring had only + 9°. Thus the temperature of the spring, only changed 4° to 32° of the atmosphere.

As in the thermæ, their ingredients are most intimately combined, carbonic acid and soda being the media of solution. Even the proportionate quantity of solid ingredients is analogous to the thermæ. It is inconsiderable, if primary mountains give them their origin. In both, soda is mostly present, with carbonic, sulphuric, or muriatic acid. The quantity of carbonic acid streaming out, deserves particular attention.

It is explained by the mighty evolutions of gas, taking place periodically in volcanic eruptions, or appearing as products of continued volcanic processes in the interior. In Italy, this not only takes place in the celebrated Grotto del Cane, but also in other parts of Naples and Sicily. Also permanent streams of gas take place in the volcanic mountain ranges of the Rhine, especially of the Eifel, near Birresbronn; at Daun, near the shore of the Laacher lake, which furnishes by its environs unmistakable proofs of a former active volcano; at Kissingen and its environs; in the neighbourhood of Pyrmont and Driburg; and near Franzensbad and Marienbad. The gas permanently streaming out, mostly consists of carbonic acid gas, but sometimes contains sulphuretted hydrogen, and nitrogen gas admixed, as in Marienbad, Franzensbad, in the Grotto del Cane, near Naples, the temperature of the gas naturally corresponds with that of the spring. The quantity somewhat depends on the pressure and temperature of the air, on its movement or quietude, or its electric condition.

The circumstance that carbonic acid gas may become liquid by high pressure, induces the belief that the gas may have originally existed in a liquid state, but became transformed into gas by its issue into the external regions, under diminished pressure.

A very important consideration in the choice of a spa is, further, the variation of the climate. The first influence must, of course, be attributed to geographical latitude. It often fixes the character of a watering-place, but not invariably so. The more easterly or westerly position must also be looked upon as claiming some influence. Thus you find, under the same latitude, *Wiesbaden*, which is renowned for its temperate and mild climate, and *Steben* on the Saale (tributary of Elbe), and Alexandersbad (on the Main), known for the inclemency of their climate.

The quality of the ground, the nature of the surrounding mountains, the cultivation of the soil, standing or flowing waters, all exercise their influence. In spas surrounded by marshy fields or stagnant waters, intermittent fever is sometimes found endemic. How this injurious influence can be removed by proper cultivation is shown in Franzensbad, where intermittent fever was formerly endemic. But now, the marshy meadows and ponds having been dried up, this disease is very seldom met with, even in very hot weather.

The necessity of carefully inquiring into the condition and climatic properties of the environs of a spa, will thus be obvious to you, before you select it as the most eligible for a patient under your care.

(To be continued.)

ORIGINAL COMMUNICATIONS.

CASES IN GENERAL PRACTICE.

By JAMES R. STEDMAN, Esq.

AMPUTATION OF THE FOOT—(CHOPART'S OPERATION.)

In July, 1844, I was called to a hale-looking young man, who, while working on the branch railway then making from Woking to Guildford, had a loaded waggon pass over his foot. On examination, I found the foot extensively lacerated, the metatarsal and cuneiform bones crushed, and having no choice between amputation of the leg and removing the foot at the articulation of the calcis and astragalus with the scaphoid and cuboid, I decided on the latter, with the sanction of my father. I extended the foot, and taking the tuberosity of the scaphoid on the inner side (in advance of the articulation), and the prominence of the last metatarsal bone on the outer side (also in advance of the joint), as my guide, I made a semi-lunar incision, dividing the skin of the dorsum of the foot. Dissecting this back a little, I cut through the ligaments, then passing the knife into the joint (at the same time making active extension, and bending down the anterior part of the foot, to more fully expose the joint), I divided the interosseous ligament, and taking care to clear the knife from the lower part of the cuboid and scaphoid, divided the plantar ligaments, and carrrying the knife flat out towards the toes, formed a large flap of the fleshy under surface of the foot, of which just sufficient remained.

There was but little loss of blood, one ligature only was required, the flaps were brought together and water dressing applied. The patient progressed rapidly to recovery, the parts healed by the first intension; but on attempting to use the limb some seven weeks after the operation, the cicatrix became irritated, and some difficulty was found in healing it; however, at the end of three months he was able to get about with ease, wearing a boot made shorter than on the sound foot.

I had the satisfaction of seeing him some two years afterwards, when he walked slightly lame, the stump looking firm; and he said he had walked from London (thirty miles) the previous day, and was able to follow his usual employ in all its heaviest labour, with the exception only of wheeling a loaded barrow up a plank, this work requiring the use of the anterior part of the foot.

In the progress of this case I more than once felt disposed to blame myself for not amputating the leg, much fearing I should not succeed in making a useful foot for a working man: the result proved my fears groundless.

FRACTURE OF THE SKULL—DEPRESSION OF BONE WITHOUT SYMPTOMS OF INTERNAL INJURY AT THE TIME.

In June, 1843, Master M., æt. 12, was thrown from a pony and received an injury of the head. I saw him about twenty minutes after the accident, and found a ragged wound on the forehead just above the left frontal sinus. On passing a probe into the wound, I found the bone fractured for about the distance of an inch, and the anterior portion driven in; the patient said he was a little stunned by the fall, but speedily recovered, and felt nothing but slight headache; the pulse was natural.

Under these circumstances, and from the injury being in great part over the frontal sinus, I was led to hope that the inner table of the bone was not injured. I directed great quietude to be observed, brought the wound lightly together, applied water-dressing, and calomel powder at night, very light diet, and with directions to receive immediate information should any other symptoms follow, having fully informed the father of the cause for apprehension.

In about two hours, while his father was reading to him, and he was conversing on the subject read, the attention of the father was drawn to him by his suddenly crying out, and becoming instantly convulsed. On hearing this account I sought my father's assistance, and, on seeing the patient, found him perfectly insensible, repeated convulsions taking place, and all the symptoms of compression.

Under these circumstances, the depressed portion of bone was fully exposed, and raised by the elevator, the symptoms indicating pressure on the brain ceased immediately, and the patient spoke.

Nothing worthy of notice followed in the process of recovery, which was speedy and permanent.

High-street, Guildford, Nov. 26, 1850.

REVIEWS.

THE SURGEON'S VADE MECUM. By ROBERT DRUITT, F.R.C.S. 5th Ed. Renshaw, Strand; Churchill, Princes-street, Soho. 1851. pp. 660.

WHEN an author is able to put the magic words "Fifth Edition" on the title-page of his work, within a comparatively short space of time, it must be evident that his book, be it scientific or be it popular, must be beyond the reach of criticism, and in no way in need of the laudation of the reviewer. The first edition of the Vade Mecum before us, was well received by the profession, and was soon exhausted; the subsequent editions in like manner were stamped with its approbation; so that Druitt's 'Surgeon's Vade Mecum' may now be regarded as a standard work on surgery. Its reprint in America will serve to show the estimation in which it is held by our transatlantic brethren, among whom, if we mistake not, several editions of this really valuable work have been already sold. The original on which Druitt based his work, Hooper's 'Surgeon's Vade Mecum,' although very useful in its way, is no more to be compared to the book now under notice, than a paltry copper coin would be to a sovereign. This fifth edition is not a mere reprint of its predecessor. On examining and comparing their pages, we perceive that the author has availed himself of the rapid progress science has made, and has incorporated in his pages all that is new and valuable. Several portions of the work have been re-written, and new and additional wood-cuts illustrate its pages. Of these there are about twenty, which are not to be found in the preceding editions; they are all good, and each serves to demonstrate a point in surgery. In a word, Druitt's 'Surgeon's Vade Mecum' is one of the most useful and most valuable works on surgery that have ever issued from the press.

ON EXCISION OF THE ENLARGED TONSIL, AND ITS CONSEQUENCES, IN CASES OF DEAFNESS, WITH REMARKS ON THE DISEASES OF THE THROAT. By W. HARVEY, M.R.C.S., F.R.M.C.S., Surgeon to the Dispensary for Diseases of the Ear. Renshaw, London; Hunton, York. 1850. pp. 121.

WHEN any peculiar surgical operation or any especial mode of treating disease becomes fashionable, as is occasionally the case, and is carried out to a very great extent, to sink afterwards into oblivion, it becomes necessary, and is certain to be serviceable, to trace out and ascertain the final results of the said operation, or of the peculiar mode of medication, both as regards the disease itself for which the operation was performed, or the medicines exhibited, and also the state of the constitution, after it has been subjected to the operative proceedings, *naguère* so fashionable. This has been Mr. Harvey's object with regard to an operation which has been performed on several hundred persons, and we have in the book before us the results of his investigations.

Several years ago, we will not say "the Isle was frighted from its propriety," but the profession were gravely informed that stuttering was caused by enlarged tonsils; a reasoning of *post hoc, ergo propter hoc* led to this most illogical conclusion. A deaf patient, with tonsils enlarged so as to be an annoyance, stuttered; the offending glands were cut away, and a powerful nervous impression was made on the system. The consequence was the patient no longer stuttered, and then the conclusion was arrived at, that enlarged tonsils were the cause of stammering. Hundreds of unoffending tonsils fell the victims of this mistaken idea; in some instances the stammer disappeared; in a few, but very few, permanently; in most of the cases, it returned in a shorter or longer period; in some it remained as bad after the operation as before it, while in other instances again, the stutter was aggravated, the impression on the nervous system being induced, but acting contrarywise to that which had occurred in the first instance, and increasing the disease to remove which the operation had been performed.

Years have elapsed since this operation was in full vogue. It may still, perchance, be occasionally, but rarely, performed; the profession, however, hear not of it. It has fallen altogether. As a cure for deafness, of which the enlargement of the tonsils was asserted to be a principal cause, it was highly lauded. The same oblivion enshrouds it in the one case, as in the other. We seldom hear now that a deaf person has had his tonsils excised, in order to effect a cure of the loss of hearing. But, while acknowledging that this operation has been fruitless, as regards the cure of stammering and of deafness, what has been the ulterior result on the system, and on the health generally? This is a question of great importance; but it is also one which it is very difficult truly to reply to. A man may make his name notorious in connexion with a certain operative proceeding, and thus obtain an influx of patients, really labouring, or supposed to be labouring, under the disease in question; but, after he has done all he can, or all he wished to do, how few are there who are such genuine admirers of science, as to seek after and hunt up the operatees, in order to ascertain the ultimate results of the proceeding? And how rarely will it happen that, a large or even a moderate number of their clients (*clientelle*—not a bad name, given by our brethren *d'outre-mer*,) should come under the notice of another surgeon, so as to enable him to report on them to his professional brethren? Yet, in this instance, this has happened; a large number of *a-tonsillar* patients (*a*, Greek negative) have presented themselves to Mr. Harvey at the dispensary to which he is surgeon, and in private practice, and the results, in these cases, have been so singularly alike, that he has felt himself warranted in drawing the following conclusions:—

"1. That the enlarged tonsil, or elongated uvula, does not, *per se*, give rise to imperfect hearing.

"2. That its extirpation does not only not remove deafness, but, on some occasions, causes it.

"3. That in cases wherein the tonsil is enlarged, the disease is in the mucous membrane generally, and that its morbid condition when remediable, is so only by means of a judiciously regulated constitutional treatment.

"4th. That the tonsils are not merely secreting organs, but play a further and most important part in the animal economy, holding, as they do, most intimate sympathies with important though distant organs.

"5th. That extirpation of the tonsils in the young has led to pernicious results, such as giving rise to bronchial and pulmonary disease, with other mischiefs; and, notwithstanding high authorities in favour of extirpating the tonsils or uvula for the relief of deafness, the operation has almost uniformly proved a failure."

The statements advanced by Mr. Harvey have all been well considered, and are such as evidently bear the stamp of truth and experience. The operation is a failure; but it is more than a failure; it is positively, not merely negatively, but positively an injury to the general health and the functions of the body. Not only is the unhappy operatee more liable to bronchial and pulmonary disease—an infliction quite sufficient to banish this operation from the domains of surgery—but the procreative apparatus is more or less seriously impaired. On this point, the evidence collected by Mr. Harvey distinctly bears, although it may not yet be sufficiently elaborated to furnish a surgical or physiological axiom. As our space is exhausted, we must refer the inquirer to the work itself for additional information. It will well repay perusal, as the work of a practical surgeon, unbiassed by prejudice, and seeking only after truth.

CORRESPONDENCE.

MESMERISM—IS IT TRUE OR FALSE?

To the Editor of 'The Institute.'

SIR,—I have read with unfeigned regret a general and undignified editorial attack on mesmerism in No. VI. of 'The Institute.' As one of your contributors, who believes in what you call "*a mean and contemptible delusion*," I cannot let this opportunity pass without declaring my earnest dissent from such a proceeding.

Nineteen out of twenty in the medical profession are not able to decide for themselves the question at the head of these remarks; they must either plead ignorance, or join in the fashionable chorus of unqualified abuse; and in this respect it may be truly said, that mesmerism constitutes the greatest opprobrium, not of medicine, but of the medical profession. All the great facts in mesmerism, which cannot be rejected on account of the unexceptional evidence by which they are supported, have been studiously withheld from the profession. How many of your readers have heard

of the remarkable and successful operations of an Esdaile in Calcutta?—operations performed in the presence of non-believing medical men, who have borne testimony to the facts, though, perhaps, with a "*credat Judæus*" in their minds, because we often find that facts are rejected simply because we are unable to account for them; nevertheless they remain facts—*unaccountable* facts, if you please. The fiercest opponents to mesmerism have admitted mesmerism to be a reality—a fact.

Dr. Forbes, a gentleman of high acquirements, a distinguished physician—who is looked upon by many of the fellows of the college as quite an oracle, a great authority—let us see what he says of this mean and contemptible delusion. He said:—"Indeed we hesitate not to assert, that the testimony is now of so varied and extensive a kind, so strong, and, in a certain proportion of cases, so seemingly unexceptionable, as to authorize us, nay, in honesty, to *compel* us to recommend that an immediate and complete trial of the practice be made in surgical cases."

The present editors of the 'British and Foreign Medical Review,' in an article on the relation of true medicine to empirical systems, admit that mesmerism is a valuable curative agent, but reject it, because it has fallen into the hands of quacks and jugglers—because Dr. Elliotson preferred the empirical course, and invited laymen to be present at his manipulations: and they say, If that fallen man had undertaken the investigation of mesmeric phenomena, with a due regard to the dignity of his profession and in a spirit of sound philosophy, *medicine might by this time have been enriched with not only a new and most valuable curative agent*, but with large additions to one of its most defective departments—the physiology of the cerebrum. Dr. Elliotson is quite capable of defending himself against the charge here put forward of having sinned against professional etiquette; but for argument's sake we will assume the accusation to be well founded. Would you, Mr. Editor, be prevented from investigating such an important branch of the human physiology, because a single individual had in this respect followed an unprofessional course? Should suffering humanity be deprived of a most valuable curative agent because it has been abused in the hands of an individual? Because an overdose of opium has proved fatal in the hands of an ignorant empiric; would any rational being forego the use of one of the most valuable remedial agents in the Pharmacopœia on that account? Another editor says:—The mystic manipulations of the operator, by fatiguing and exhausting nervious sensibility, superinduce, particularly in females disposed to hysteria, that well known state of coma, in which the mesmeriser, from the insensibility of the patient, may truly boast that he can do what he pleases. We accept the admission, a state of coma having been induced by certain manipulations.

Now, if such a state of coma has been induced, that owing to the insensibility of the patient, the operator may truly boast that he can do what he pleases, why should he not be pleased to perform an operation, if it was necessary, as well as if this comatose state had been induced by chloroform or æther?—and if by the latter agents, could the operator with less truth boast, he could do what he pleases? Truly it would have redounded much more to the honor of the medical press, if they had trusted, as many are inclined, according to your own statement, to the force of truth—to the array of argument, to the production and reiteration of facts—instead of giving us nothing but unsupported assertions and unqualified abuse, which must recoil upon the head of the utterer. I am no mesmeriser, I am not actuated by any interested motive, nor would I answer any direct or indirect attack for any opinion I may hold, even if made against me individually; but from the circumstance of my name having appeared on several occasions, as a contributor to your journal, I cannot acquiesce in the general charge of harbouring a mean and contemptible delusion which must come home to everybody who has arrived at the same conclusion with myself, and to whom the proofs adduced in support of mesmerism have appeared sufficient, so far as their belief in the efficacy of the animal magnetism extends—lest my silence might be construed into approval, and thus prevent my contributing further to your valuable publication.

I remain, Sir, your obedient Servant,

D'ALQUEN.

Brompton.

THE PHILOSOPHICAL GAZETTE.

Cod-liver Oil.—*Relative Value of different Kinds.*—There is review of all the works published on cod-liver oil in the May number of the *Dublin Quarterly Journal of Medical Science*, which gives the most satisfactory *résumé* of all that is known on the subject that has yet been published. As to the relative curative effects of the different kinds of cod-liver oil, the writer says:—"It is as well that the profession should be aware that *there is no oil so bad as to have been proved to be without most valuable properties as a curative agent, nor so good as to have been demonstrated to be therapeutically more potent than the worst.*"

Composition of Cod-liver Oil:—

Oleic acid, with brown substance (gaduine; and two peculiar bodies).	A peculiar substance insoluble in water, alcohol, and æther.
Margaric acid.	Iodine.
Glycerine.	Chlorine, with some bromine.
Butyric acid.	Phosphoric acid.
Acetic acid.	Sulphuric acid.
Fellic and cholcic acids, with some oleine, margarine, and bilifellinic acid.	Phosphorus.
	Lime.
	Magnesia.
	Soda.
Bilifulvin and bilifellinic acid, and two peculiar substances.	Iron.
A peculiar substance, soluble in alcohol of 30°.	

This analysis is derived from Dr. Carey's translation of De Jongh's work, *minus* the decimal quantities. The trace of iron, says the writer of an excellent review in the *Dub. Quar. Jour.*, *May*, is merely casual, being derived from the iron kettles in which the livers are boiled or roasted. However modified this analysis may be by future investigators, there can be but little doubt that we have all the data necessary, as far as chemical analysis can assist us, for the formation of a rational hypothesis of the mode of action of the oil. It is certain that in giving this oil we are giving a weak solution of these powerful elements, namely, iodine, chlorine, and bromine, which, howsoever combined, appear to exert a marked influence upon the capillaries, and through them upon the growth and nutrition of the body, to which we may add phosphorus, whose energetic action upon the same system of vessels we are only commencing to recognise. But, not to speak of other, probably not unimportant constituents, we are also giving a ready-made solution of a complex animal secretion, which has already discharged a function of the first importance in the chemico-vital processes of assimilation in the economy; and this solution is an animal oil—the very basis of cell-growth—the first stone of the great fabric of animal life, indissolubly intertwined with those functions upon which its continued existence depends. Who shall put his finger upon a constituent of this solution, and say this and this only is the source of its manifold virtues?—*Medical Recorder.*

CHEMISTRY.

A New Acid discovered in the Animal Economy. By Cæsar Bertagnini.—Signor Bertagnini, Chemical Conservator of the University of Pisa, has recently studied the modifications which organic substances undergo in passing through the animal economy, and has discovered a new fact. Beginning by repeating Dr. Ure's experiment on benzoic acid, which, as that chemist discovered, is converted into hippuric acid, he proceeded to the use of certain cognate compounds, and discovered that nitro-benzoic acid taken into the system, gives rise to the production of an acid, which like hippuric, is found in the urine. When isolated in the usual way, and submitted to analysis, it gives the composition:—

$$C_{18}, H_8, N_2, O_{10}.$$

The author considers this acid to be nitro-hippuric acid. The same acid may be produced out of the system by treating hippuric acid with a mixture of strong nitric and sulphuric acids; and whether so formed artificially or naturally in the body, both acids have the same properties and identical constitution.

Nitro-hippuric acid, however formed, when treated with hydrochloric acid is resolved into nitro-benzoic and sugar of gelatine (glycocoll). Thus it appears, and the fact is both highly curious and instructive, that both benzoic and nitro-benzoic acids appropriate and combine with the elements of sugar of gelatine in passing through the living body, and form respectively hippuric and nitro-hippuric acids.—*Comptes Rendus, Sept.*, 1850.

Malleable Brass.

Common brass contains from 27.4 to 31.8 per cent. of zinc, and 71.9 to 65.8 per cent. of copper, and as is well known not malleable, but articles made of it must be cast. M. Machts states that a malleable brass is formed by melting together 60 parts of copper and 40 of zinc. He considers that in this proportion the two metals combine chemically. It consists of 3 atoms of copper and 2 atoms of zinc (3 Cu + 2 Zn). In making it great care must be

taken not to drive off the zinc. Such a compound brass, possessing malleability, must be of great value in a variety of arts.

*** This material will be very useful in improving many surgical and medical instruments.—Ed. Institute.

On the Fraudulent Sale of Cinchona Bark, exhausted of the Alkaloids. By M. E. Fontaine, Pharmaceutist at Sevres.

[*We have every reason to believe that the abominable fraud described and exposed in the following paper is, to a considerable extent, perpetrated in this country, and that the general practitioners are the chief victims. Whether the exhausted bark finds its way into this country from France, or whether the process is carried on here, we will not pronounce. The simple method of examining the barks contained in the paper will, we trust, be applied simultaneously in every part of the country; and should the fraud be detected it should be at once exposed.*]

I think it right to call the attention of pharmaceutists to a fraud, which, although pointed out several times, is nevertheless now carried on to an extent which may, without exaggeration, be said to render it absolutely impossible to procure pure yellow cinchona bark. In support of this assertion, I shall here give a summary of the result of the examination of two specimens of this valuable therapeutic agent, procured from two different sources.

1st observation—The cinchona which was the subject of this examination had all the physical characters of a good quality of bark. Experience having taught me how little importance should be attached to the external appearance, I wished to ascertain whether chemical analysis would confirm the good opinion which might be, *à priori*, formed as to its value. For this purpose, I detached about 15 grammes in fragments from different parts of the bark; I reduced them to a coarse powder, poured over it about 50 grammes of distilled water, and I immediately found a distinct acid re-action with test paper. This indicated that I had a cinchona which had been partly, if not entirely, exhausted by an acid. It is at all times right to observe that the contact of water with the cinchona should not be too much prolonged, for then the acid, which is easily dissolved, will be neutralised by the quinine or cinchonine, of which the barks are never quite deprived. In the filtered liquor, nitrate of silver formed a slight white precipitate, insoluble in nitric acid, soluble in ammonia; thus proving the presence of hydrochloric acid.

I then took 125 grammes of the same bark, and treated them by the processes employed for the extraction of sulphate of quinine, taking care several times to use alcohol, so strong as to be certain of dissolving all the alkaloids, quinine, and cinchonine, which may be contained in the calcareous precipitate. I distilled the alcoholic liquor in the sand-bath, and I obtained, instead of an amorphous resinous mass, crystals which presented all the characters of cinchonine. I poured sulphuric acid over these crystals, so as to obtain a feeble acid re-action; I boiled it, after the addition of animal charcoal; I filtered the boiling liquid, in the hope of at least obtaining some crystals of sulphate of quinine. I concentrated the liquor several times, and obtained sulphate of cinchonine, but not a trace of quinine.

2nd observation.—The cinchona submitted to this second examination likewise presented every external character of a bark of good quality. I first proved the presence of hydrochloric acid. Being curious to discover how far these cheats had carried their criminal industry, and desirous to see how rich this second bark was in alkaloids, I took 350 grammes of this cinchona, and treated them in the manner mentioned in the first analysis. I this time obtained 3 grammes 50 centigrammes of sulphate of quinine—that is to say, less than half the quantity which would be procured from an unexhausted bark.

From the preceding, and from other experiments of my own, I conclude that there is no longer to be found in commerce any cinchona which has not been subjected, before it comes into the hands of the pharmaceutist, to an operation tending to deprive it of the quinine contained in it, and which constitutes its value. It even appears that this system, which must give enormous profits to those who employ it, is chiefly carried on in Paris; and the cinchonas, thus deprived of the principles which render them valuable, are sent to Havre, then returned from that city to Paris, and afterwards sold to the druggists as bark arriving from America.

It is to be hoped that the authorities will discover the authors of this odious trade, and that efficient punishments will be inflicted on those who have recourse to such criminal means of attaining wealth. Whilst waiting for this result, so anxiously desired by all men who are sincerely devoted to the interests of humanity, I cannot too earnestly entreat my readers not to accept any yellow cinchona, without being certain of its richness in alkaloids.

I am well aware that yellow cinchona has not, since the valuable discoveries of Pelletier and Caventou, been much used in therapeutics; nevertheless, it is a well-known fact, among practitioners, physicians, and others whose practice lies in localities where fevers are more or less endemic, that there are cases in which these complaints rebel against sulphate of quinine, and in which, on the contrary, a marked advantage is derived from the use of the powder of the yellow cinchona. It is then highly requisite to have at hand a cinchona which has not been deprived of its active principles.—*Repertoire de Pharmacie, August*, 1850.

Sulphite of Lead poisonous.

At a meeting of the Pharmaceutical Society, held on the 13th of November, a student related the results of some experiments upon dogs, instituted with the view to decide the question, whether sulphite of lead be poisonous, or inert, as has been recently alleged by Professor Gregory. Two dogs were destroyed within twenty days, by the administration of a scruple of that salt daily, with all the ordinary symptoms of poisoning by lead, except the coloured line along the gums, which was not noticed. The presence of lead in the liver, in both cases, was proved by the ordinary tests. Dr. A. Taylor pointed out a discrepancy in Professor Gregory's letter, namely, that whilst the ground upon which he believes the sulphite of lead to be innocuous, is mainly its supposed insolubility and stability, he asserts that the carbonate is the form of lead which is most poisonous—a salt equally insoluble, and stable, at least, as the sulphite. Professor Brande has written to a member of the Society, stating that his report has been misunderstood; that he merely intended to convey the necessity for further investigations and experiments, before it shall be decided whether sulphite of lead be insoluble, or poisonous, or the contrary.

Active Principles of Vegetable Remedies.

Mr. Bastick, a chemist of the Giessen school, has recently been engaged in pursuing some investigations relative to the active principles of certain vegetable remedies, and he has been successful in some instances, with plants from which chemists have hitherto failed to separate such principles.

In the *Lobelia inflata*, Mr. Bastick has discovered a volatile organic base, to which he applies the designation *Lobelina*. This must, however, not be confounded with a supposed principle described by former chemists, and adopted into dispensatories, and named Lobelein, which he alleges is not a distinct principle.

Lobelina has the physical appearance of an essential oil, but manifesting powerful basic properties. It is, in fact, a volatile organic base, and appears to be the principle upon which the active properties of the plant depends. Lobelina is uncrystallisable itself, but it forms crystalline salts with acids, particularly with hydrochloric acid. Hydrochlorate of lobelina forms fine crystalline needles, soluble in water, and spirits. No experiments have at present been made respecting its physiological, or remedial properties.

Mr. Bastick has also announced the discovery of a basic principle in *Arnica montana*; but he has not yet published its properties.

The active principle of colocynth, has already been studied by Vauquelin and others. Mr. Bastick makes the following observations on Colocynthine. The active principle of the *Cucumis colocynthis*.

1. *Mode of Preparation*.—Exhaust with successive portions of cold distilled water the pulp of colocynth previously freed from the seeds, until the pulp is deprived of its bitterness; filter the solution, and heat it to the boiling point; add, whilst hot, diacetate of lead, until no further precipitation ensues; when cold, filter, and to the clear liquid add diluted sulphuric acid carefully, as long as a precipitate is thrown down; again boil, to remove the free acetic acid, and filter to separate the sulphate of lead. By this means all the organic matter, except the colocynthine, is removed. Evaporate the filtrate cautiously to near dryness, and dissolve the colocynthine out of the residuum by means of strong alcohol, which leaves the salts undissolved as sulphates. By evaporating the alcoholic solution, the colocynthine may be obtained pure.

2. *Properties*.—Colocynthine is more soluble in water than resins; it is, like them, highly inflammable. It is an oily fluid at a temperature below the boiling point of water, of a pale yellow colour; but at an ordinary temperature it solidifies into a reddish-brown resinous body. When dissolved in weak acids and alkalies, it separates unchanged upon the evaporation of the solution. It is not volatile when isolated, as might be supposed from the experience of those who have been engaged in preparing extract of colocynth, although in any form it is intensely bitter.

Colocynthine possesses neither basic, nor acid properties, although Vauquelin, and others have assumed to the contrary, having obtained a precipitate in its aqueous solutions by some metallic salts. But this reaction most likely arose from the colocynthine not being absolutely pure on which they experimented. It is decomposed by concentrated sulphuric, and nitric acids.

As it has been never subjected to ultimate analysis, its precise composition is unknown. It is, probably, an *oxyhydro-carbon*, analagous to the resins, although different from them in several of its properties, so as to induce the belief that it is a body *sui generis*.

[We hope Mr. Bastick will, in his subsequent papers, supply this desideratum, by giving the analysis of these bodies.—Ed. Institute.]

Succinic Acid discovered in a Diseased Liver.

About three pints of liquid taken from *hydatid cysts* which had formed in the liver of a woman, was submitted to Dr. W. Heintz for analysis.

This fluid was colourless and clear, with the exception of a few flakes, which rapidly subsided. These flakes consisted of Echinococci, or smaller cysts. The specific gravity of the filtered fluid was 1.0076. It was slightly alkaline, from the presence of the carbonates of potash, and soda, but contained no ammonia, and an extremely small quantity only of albumen. It did not contain any sulphuric acid, and only a mere trace of phosphoric acid.

Of organic matters, kreatine was sought for in vain by the use of solution of chloride of zinc ; neither were urea, uric acid, or other definite organic substances present. The only organic compound which could be obtained from the fluid, was the soda salt of an acid which at first presented, apparently, the properties of *succinic acid*. It was precipitated from its solution by absolute alcohol, in the same form as succinic acid from amber, in an experiment instituted for comparison. It was somewhat soluble in æther, very difficultly so in water, had a strongly acid reaction, and formed a salt with lime which was soluble in water, and fused at 356° F. The crystalline form of the acid from the hydatid cysts, and true succinic acid after sublimation, when compared, were found to be perfectly identical.

The presumed succinic acid was subseqtuently ascertained to be really that acid, by analysis.

The fluid from the hydatid cysts contained in 1000 parts, excluding traces of phosphoric acid and albumen, 986.76 of water, and 13.24 of solid matter.

The solid residue consisted of:—

Chloride of calcium	0·46
Chloride of magnesium	0·20
Chloride of potasssum	0·24
Chloride of sodium	3·85
Succinate of soda	4.31
Extractive matter	9.08
	13·24

*** The artificial production of succinic acid, and its formation from malic acid during the process of fermentation, gives great importance to this discovery. Every product of fermentation, acetic acid, butyric acid, lactic acid, and now succinic, have been found in the human body in disease—very significant and curious facts.—Ed. Institute.

On a Peculiar Compound of Resin and Lard.

By Professor Olmstead.

Read at the American Association for the Advancement of Science.

An accident first led me to observe the remarkable properties of the compound I am about to describe.

Wishing to fit some brass to an old air-pump so as to make a close joint with the receiver, I had been accustomed to apply to the plate a disc of leather saturated with lard. With the hope of rendering it more completely impenetrable to air, I added to the lard, a small quantity of resin, and melted them together. I expected the resin would give greater hardness to the lard and make it fill the pores of the leather more effectually, but was surprised to find that the change produced by the resin was to impart to the lard a tendency to remain in the fluid state, so that on a winter's day, the compound, when cold, remained in the state of a semi-fluid at the temperature of a room moderately heated. I found also, that this preparation, when applied to the leather of the air-pump, rendered it peculiarly soft, and, at the same time, very impermeable to air, so as to form a good joint with the receiver.

But what arrested my attention more particularly was, that having inadvertently left the leather on the plate of the pump, for nearly a year, during which time, the use of the apparatus was discontinued, I supposed, when I took it out again, that I should find the brass plate much corroded, as I had sometimes seen it before, when exposed for a much less time, to the action of the oiled disc of leather ; but on the contrary, the brass was entirely free from the corrosion, and I have uniformly found the same to be the case since, however long the leather may have remained in contact with the plate. This observation suggested another and more important use of the same preparation for lubricating the piston, which, being likewise of brass, and moving in brass barrels, had before occasioned me much inconvenience, by their liability to corrode by the action of the oil used in lubricating on the brass. Moreover, the tendency of the preparation to assume the fluid state by the friction of the piston, made a very convenient and effectual application for this purpose.

I have recently made a few experiments, with a view of ascertaining the melting point of this compound, and the proportions of the ingredients which give the lowest melting point. The best proportions are by weight—lard, three parts; resin, one part. If the resin be added in fine powder, and the mixture well stirred (without the application of heat), it softens, and so nearly approaches a fluid, as to run freely when taken upon a stirring-rod, at a temperature of 72 degrees. On melting the mixture, and in setting aside to cool, the following changes take place:—At 90 degrees, it remains transparent and limpid ; at 87 degrees, a pellicle begins to form on the surface, and soon after it begins to grow slightly viscid, and as the temperature descends it passes through different degrees of viscidity, like oils of different qualities, until at 76 degrees, it becomes a dense semi-fluid. It is an unexpected result that the addition of one part in four of resin, whose melting point is near 300 degrees, to lard, whose melting point is at 97 degrees, should render it more fluid, reducing its melting point to 90 degrees, imparting to it the properties of a semi-fluid, at a temperature as low as 76 degrees, and even rendering the preparation of a softer consistency than lard itself, at a temperature as low as 60 degrees.

This compound of lard and resin has, therefore, two somewhat remarkable properties:—

1. It prevents in the lard, and probably in all the animal oils and fats, that tendency to generate an acid, and thus to undergo spontaneous decomposition. A much smaller portion of resin than one-fourth, gives to lard this property, destroying as it does the tendency of these substances to oxidation.

Several important practical applications result from this property. Its use for lubricating surfaces of brass or copper has already been adverted to. It is equally applicable to surfaces of sheet iron. I have found a very thin coating, applied with a brush, sufficient to preserve Russia iron stoves and grates from rusting during summer, even in damp situations. I usually add to it a portion of black lead, and this preparation, when applied with a brush in the thinnest possible film, will be found a complete protection to sheet iron stoves and pipes. The same property renders the compound of lard and resin a valuable ingredient in the composition of shaving soap. The quality of shaving soap is greatly improved by a larger proportion than is usually employed, so as to completely saturate the alkali, but such soap easily becomes rancid when wet with water, and suffered to remain damp, as it commonly is when in use. If a certain proportion of compound is added to Windsor soap (say one-half its weight), the tendency to grow rancid is prevented. A very soft and agreeable shaving compound, or "cream," may be made by steaming in a close cup a cake of any common shaving soap, so as to reduce it to a soft consistence, and then mixing intimately with it half its weight of our resinous preparation, adding a few drops of some odoriferous substance. The same compound forms an excellent waterproof paste for leather. Boots, when treated with it, will soon afterwards take the usual polish when blacked, and the soles may be saturated with it without danger of soiling the floor, as it does not rub off, while the leather is rendered in a high degree impervious to water.

The perfect solution into which resin passes when heated with oil, suggested the possibility of improving, in this way, the quality of oils used for illumination, and by its reducing the melting point of lard, to render that more suitable for burning in solar lamps. I therefore added powdered resin to lard oil, in the proportion of eight ounces of resin to one gallon of oil, and applied a moderate heat, sufficient to produce perfect solution. I then filled two solar lamps, equal in all respects—one with lard oil, the other the same holding the resin solution, and regulating the flames so as to be as nearly the same size as possible. I measured, by the method of shadows, the comparative intensities of light, which I found to be as seven to five in favour of the prepared oil. This burned with a flame of peculiar richness, plainly exceeding in density that from the simple oil; but after two hours, the flame of the prepared oil began to decline slowly, and soon became inferior to the other, an effect which doubtless arose from the clogging of the wick.

I had hoped, on account of the perfect solution which the resin seemed to undergo, that the compound would burn freely without encountering this impediment, but in this respect I was disappointed, and can only say, that if some means can be devised for avoiding the tendency to clog the wick, the addition of a small portion of resin to lamp oil or lard will add essentially to its value for burning in solar lamps, by rendering it less liable to congeal, and by increasing its illuminatiug power.

*** It appears that Professor Olmstead has accidentally formed a chemical combination of lard and resin. Irrespective of the many curious properties and applications described, it is quite worthy of trial as an ointment or liniment, as it will probably be found to have properties quite distinct from our usual mixtures of resin and oils.—Ed. Institute.

DOCUMENTS RELATING TO MEDICAL REFORM.

THE COMMITTEE OF THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

July 21st, 1845.

Allison, W., Esq., East Retford—Hon. Local Sec.—nominated by the East Retford Branch Association.

Amory, G. P., Esq., Exeter—nominated by the South Devon Branch Association, through Joseph Hopgood, Esq., Hon. Local Secretary.

Ancell, Henry, Esq., 3, Norfolk-crescent, Hyde Park, Honorary Secretary of the National Association.

Ansell, Thomas, Esq., Bow, Court of Examiners.

Baker, E., Esq., 13, Bulstrode-street, Manchester-square.

Bird, James, Esq., 16, Orchard-street, Portman-square, Honorary Secretary of the National Association.

Blatch, Henry, Esq., River-street, Middleton-square, Court of Examiners.

Bonney, F. A. B., Esq., Hon. Local Sec., Brentford—nominated by the West Middlesex Branch Association.

Bowling, J., Esq., Hammersmith, Associated Surgeons and Apothecaries of 1812.

Brodribb, W., Esq., Bloomsbury-square, Court of Examiners.

Brown, I. B., Esq., 27, Oxford-street, Hyde Park.

Bryant, Walter J., Esq., 50, Edgeware-road.

Bryant, J. M., Esq., Northampton—nominated by the Northampton Branch Association, through H. Terry, Jun., Esq., Hon. Local Secretary.

Burnett, C. M., Esq.—Hon. Local Sec., Alton—nominated by the Members of the Association in the Northern Division of Hants.

Carr, W. G., Esq., Gomersal—nominated by the Dewsbury Branch Association, through H. Hemingway, Esq., Hon. Local Sec.

Chapman, George, Esq., Windsor—nominated by the Borough of Windsor Association, through H. Champness, Esq., of Slough, Hon. Local Sec.

Chisholm, A, B., Esq., 32, Devonshire-street, Portland-place.

Chilvers, T. F., Esq., Burlington-street.

Clayton, J. Esq., 3, Percy-street, Bedford-square, Vice-President of the Marylebone Association.

Clifton, Nathaniel, Esq., Cross-street, Islington, President of the Finsbury Association.

Combe, H., Esq., Caroline-street, Bedford-square, Court of Examiners.

Cooke, William, Esq., Trinity-square, President of the Tower Hamlets Association.

Cory, S. S., Esq.—Hon. Local Sec., Bridport—nominated by the Bridport Branch Association.

Coward, W., Esq., South Shields—nominated by the South Shields Branch Association, through James Barron, Esq., Hon. Local Secretary.

Craddock, C., Esq., 6, Chapel-place, Cavendish-square.

Dale, G., Esq., 14, Commercial-road, Treasurer of the Tower Hamlets Association.

Dale, G. C., Esq., 19, Commercial-road, Honorary Secretary of the Tower Hamlets Association.

Davis, Thomas, Esq., Hampstead, Medical Protection Assembly, and Associated Surgeons and Apothecaries of 1812.

Dickenson, William, Esq., Sloane-street, Court of Examiners.

Dickenson, W. F. D., Esq., Ulverstone—nominated by the Ulverstone Branch Association, through George Gibson, Esq., Hon. Local Secretary.

Dixon W., Esq., Bishopswearmouth, Hon. Local Secretary—nominated by the Sunderland Branch Association.

Dodd, John, Esq., 12, Portman-street, Portman-square, Treasurer of the National Association.

Drew, W., Esq., 79, Gower-street, Bedford-square, Warden of the Society of Apothecaries.

Dulvey, J. Esq., Brompton, Kent—nominated by the Branch Association of Chatham.

Eyles, J. B., Esq., St. Andrew's-court, Associated Surgeons and Apothecaries of 1812.

Ficklin, T. J., Esq., Cambridge—nominated by the Cambridge Branch Association, through W. Hoblyn, Esq., Hon. Local Sec.

Fincham, G., Esq., 5, Spring-gardens, Associated Surgeons and Apothecaries of 1812.

Freeman, Joseph, Esq., 21, Spring-gardens.

Puller, H. P., Esq., 112, Piccadilly, Associated Surgeons and Apothecaries of 1812.

Grant, N., Esq., 21, Thayer-street, Manchester-square.

Gwynne, R. H., Esq., Bridgnorth—nominated by the South Shropshire Branch Association, through J. H. Martin, Esq., Hon. Local Secretary.

Hammerton, T., Esq., 111, Piccadilly.

Hardwick, A., Esq., Kensington, Associated Surgeons and Apothecaries of 1812.

Harris, H. C., Esq., 1, Windsor-place, City-road, Hon. Secretary of the Finsbury Association.

Headland, Edward, Esq., 32, Guildford-street, Russell-square.

Higgins, C. H., Esq., Taunton—nominated by the West Somerset Branch Association, through W. C. Pyne, Esq., Hon. Local Secretary.

Hunt, R. T., Esq., Manchester—nominated by the Salford Branch Association, through Thomas F. Brownhill, Esq., Hon. Local Secretary.

Hunter, John, Esq., Tower-street, Court of Examiners.

Hurst, J. Esq., Bedford—nominated by the Branch Association of Bedfordshire, through T. H. Barker, Esq., Hon. Local Secretary.

James, H., Esq., 4, City-road, Finsbury-square, Hon. Secretary of the Finsbury Association.

Lavies, J., Esq., 34, Great George-street, Westminster.

Leggatt, R. S., Esq., Eastry—nominated by the Sandwich Branch Association, through H. Pettman, Esq., Hon. Local Sec.

Loy, J. G., Esq. (M.D.), Whitby—nominated by the Whitby Branch Association, through John Taylerson, Esq., Hon. Local Sec.

Lowe, Richard, Esq., Bristol—nominated by the Branch Association of Bristol, through J. Colthurst, Esq., Hon. Local Sec.

Lucas, W. O., Esq., 6, Taunton-place, Regent's-park.

Maclure, William, Esq., Harley-street.

Martin, T., Esq., Reigate—nominated by the Reigate Branch Association, and by General Practitioners of Carshalton and Croydon, &c., &c.

Mather, R., Esq., Grantham—nominated by the Branch Association of Grantham, through J. W. Jeans, Esq., Hon. Local Sec.

Merriman, John, Esq., Kensington, President of the Kensington Association.

Morley, Henry, Esq., Medhurst, Sussex, Court of Examiners.

Morrah, J., Esq., 62, Sloane-street, President of the Associated Surgeons and Apothecaries of 1812.

Moore, E. D., Esq., 10, Arlington-street, Piccadilly.

Norton, R., Esq., 11, Oxford-terrace, Hyde-park, Court of Examiners.

Nussey, J., Esq., 4, Cleveland-row, Court of Assistants of the Apothecaries Society.

O'Connor, W., Esq., 21, George-street, Portman-square, Hon. Sec. of the Marylebone Association.

Paget, Thomas, Esq., Leicester—nominated by the Leicester Branch Association, through H. Harding, Esq., Hon. Loca Sec.

Pennington, R. R., Esq., 15, Portman-square, President of the National Association.

Peregrine, J. P., Esq., 3, Half-Moon-street, Piccadilly, Associated Surgeons and Apothecaries of 1812.

Perry, J., Esq., Eaton-square.

Propert, J. Esq., 6, New Cavendish-street, Vice-President of the Marylebone Association.

Quick, John F., Esq., Tiverton—nominated by the Tiverton Branch Association, through J. J. Coward, Esq., Hon. Local Sec.

Randall, A. M., Finsbury-square, Court of Examiners.

Rayner, T. I., Esq.—Hon. Local Sec., Birstal—nominated by the Birstal District Association, West Riding, Yorkshire.

Read, Septimus, Esq., 41, Jewin-street, Council of British Medical Association.
Richards, Henry, Esq., Old Brentford.
Robinson, R. R., Esq., Camberwell.
Rogerson, G. Esq., Liverpool—nominated by the Liverpool Branch Association, through J. P. Harris, Esq., Hon. Local Sec.
Rowe, Geo., Esq., Haverfordwest—nominated by the Pembrokeshire Branch Association, through J. D. Brown, Esq., Hon. Local Secretary.
Roberts, J. W., Esq., Bradford—nominated by the Bradford Association, through R. Caton, Esq., Hon. Local Sec.
Scale, G. T., Esq., Landport, Portsmouth—nominated by the Branch Association of Portsmouth, through W. H. Garrington, Esq., Hon. Local Secretary.
Seabrook, B., Esq., Brighton—nominated by the Brighton Branch Association, through J. Cordy Burrows, Esq., Hon. Local Secretary.
Semple, R., Esq., Islington Associated Surgeons and Apothecaries of 1812.
Sleight, R. H., Esq., Hull—nominated by the Hull Branch Association, through James Dossor, Esq., Hon. Local Sec.
Smith, Charles, Esq., 17, Nottingham-street, Court of Examiners.
Smith, J. S., Esq., Trinity-square, Chairman of the City Association.
Smith, W., Esq., Dowgate-hill, Secretary of the City Association
Squibb, G. J., Esq., 6, Orchard-street, Portman-square, Vice-President of the Marylebone Association.
Steadman, J., Esq., Guildford—nominated by J. N. Shelley, Esq., Epsom, and several other General Practitioners in the County of Surrey.
Stocker, R., Esq., 44, Baker-street, Portman-square.
Sutton, J., Esq., Croom's-hill, Greenwich—nominated by the Branch Association of Greenwich and Blackheath, through F. K. Hunt, Esq., Hon. Local Sec.
Tanner, R., Esq., Manchester-street, Manchester-square.
Tegart, E., Esq., 39, Pall Mall, Court of Examiners, Treasurer of the National Association.
Thompson, J., Esq., Nottingham—nominated by the Nottingham Branch Association, through G. E. Stranger, Esq., Hon. Local Secretary.
Tipple, E., Esq., Mitcham, Associated Surgeons and Apothecaries of 1812.
Toulmin, Joseph, Esq., Hackney, President of the Tower Hamlets Association.
Vickers, W. R., Esq., 32, Baker-street, Portman-square.
Wakefield, H., Esq., Lansdowne-place.
Wansbrough, T. W., Esq., King's-road, Chelsea, Associated Surgeons and Apothecaries of 1812.
Ward, N. B., Esq., Wellclose-square, Vice President of the Tower Hamlets Association.
Weaver, L., Esq., 2, Dowgate-hill.
Webster, G., Esq., Dulwich, President of the British Medical Association.
Webster, George, Esq., Connaught-terrace.
Wheeler, T., Esq., Gracechurch-street, Chairman of the Court of Examiners.
Woolley, G., Esq., 8, Brompton-row, Associated Surgeons and Apothecaries of 1812.
York, James, Esq., Warnchliffe-house, St. John's Wood road.

JAMES BIRD,
HENRY ANCELL, } Hon. Secs.

July 21st, 1845.

FROM THE TRANSACTIONS OF THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY AND MIDWIFERY.

(*Extracted from the Lancet of February 1st*, 1845.)

As a further evidence of the almost unanimous concurrence of the General Practitioners in town and country, in favour of the views advocated by this Association—namely, the incorporation of the General Practitioners in medicine, surgery, and midwifery, into an independent college—the following extracts from the published opinions of several most important Societies must be taken as conclusive:—

THE SOCIETY OF APOTHECARIES, in a letter to the secretaries of the Manchester Medical and Surgical Association, state, "That the society had no personal, corporate, or local interests to advocate," and that "the very existence of an independent college of General Practitioners implied a resignation, on the part of the society, of all further interference with the education or control over the affairs of the General Practitioners, the society having only one aim and object left to them, namely, to see the General Practitioners in the full enjoyment of an independent organization, and to lend their zealous help to promote the success of that measure."

At a meeting of the old ASSOCIATED GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY, of 1812, held at the Crown and Anchor Tavern, on the 27th of December, 1844, James Morrah, Esq., President, it was resolved and carried unanimously, "That it is absolutely necessary that the association, consistently with its own regulations, should co-operate with the profession to obtain an independent position, and it readily concurs with the views advocated by the Associated General Practitioners in Medicine, Surgery, and Midwifery, to secure, by their united efforts, a College of Incorporation of General Practioners."

THE BRITISH MEDICAL ASSOCIATION, at a meeting held at Exeter Hall, November 26th, 1844, (Dr. Webster, President, in the chair,) resolved—"That the time has arrived when it has become imperatively necessary to adopt all legitimate means for the legal union of the General Practitioners of this kingdom into a distinct corporation."

THE MARYLEBONE MEDICAL AND SURGICAL ASSOCIATION, at a special meeting held at the Literary and Scientific Institution, 7, Edward-street, Portman-square, on Monday, the 30th of December, 1844, (J. Propert, Esq., in the chair,) resolved, *men. con.*—"That this Association do merge into the National Association of General Practitioners in Medicine, Surgery, and Midwifery, instituted at a public meeting, held at the Hanover-square Rooms, December 7th, 1844, under the presidency of R. R. Pennington, Esq.

Whilst the FINSBURY, TOWER HAMLETS, KENSINGTON, PIMLICO, and other district METROPOLITAN ASSOCIATIONS, have, either by conference or otherwise, declared their entire concurrence in the propriety and necessity of incorporating the general practitioners into an independent college.

In the provinces, also, the feeling appears to be almost universal in favour of a Charter of Incorporation.

At a meeting of the members of the MEDICAL PROFESSION resident in the county of DORSET, held at the committee-room of the Dorset County Hospital, on Friday, Nov. 29, 1844,

It was proposed by Mr. Spooner, of Blandford, and seconded by Mr. Curme, of Dorchester—"That in the absence of any provision in the new Bill (which is much regretted) for the admission of general practitioners, on terms honourable to your body, into the corporate privileges of either of the colleges of physicians and surgeons, it would greatly tend to the welfare, respectability, and usefulness of the profession, to unite the general practitioners into a separate college or body corporate, with power to manage their own affairs upon the representative principle."

At a special general meeting of the members of THE TAUNTON AND SOMERSET BRANCH OF THE PROVISIONAL MEDICAL AND SURGICAL ASSOCIATION, held at Pallison's Hotel, Taunton, on Wednesday, 4th Dec. 1844.

It was moved by Mr. Stoddart, of Comeytrowe, near Taunton, seconded by Mr. Higgins, of Taunton, and carried unanimously:—"That inasmuch as there appears to be no prospect at the present time of the legislature consenting to the union of the whole profession into one body or faculty of medicine, and in the absence of any provision for the admission of the general practitioners into a participation, on terms equal and honourable to that body, in the corporate privileges of either of the colleges of physicians and surgeons, it is absolutely essential to the well-being of this the most numerous and influential body of the profession, that it should be united into a separate college, or body corporate (under some such name as 'The College of Medicine and Surgery'), with power to manage its own affairs independently, upon the representative system, and that the interest of such corporation should be fully and equally represented in the Council of Health and Education."

At a meeting of the GENERAL PRACTITIONERS OF AYLESBURY, and its vicinity, held at the Buckinghamshire Infirmary, Wednesday, January 8th, 1845; Robert Ceely, Esq., of Aylesbury, in the chair.

Mr. E. Pope, of Tring, and Mr. E. Howell, of Princes Risborough, moved and seconded the following resolution, which was carried *nem. con.*: "That this meeting, earnestly deprecating the re-introduction into Parliament of the Medical Bill of Sir James Graham, and being convinced of the necessity of obtaining a charter for the incorporation of the General Practitioners, desires to co-operate with the National Medical Association in London, and therefore resolves to form a society, called 'The Bucks Medical Association,' for that purpose, as well as for adopting such other measures as may perfect the interests, and augment the usefulness and respectability of the General Practitioner."

The GENERAL PRACTITIONERS OF WHITEHAVEN, at a meeting held in the Infirmary, on the 13th of January, 1845, Mr. Mitchell, the senior practitioner, in the chair,

Resolved unanimously—"That the meeting being fully convinced of the inadequacy of the Bill, both educational and practical, views with satisfaction the efforts now being made by the general practitioners throughout the kingdom for a charter of incorporation," &c.

A meeting at ULVERSTONE, held on Wednesday, the 15th instant, and most numerously attended,

Resolved unanimously—"To co-operate in the endeavour now

making to procure a charter of incorporation for the establishment of a royal college of general practitioners in medicine, surgery, and midwifery."

At a numerous and highly respectable meeting of the profession at SUNDERLAND, held December 11, 1844, the following resolution was passed :—

"That this meeting views with great satisfaction, the plan suggested, of incorporating the general practitioners into a college by royal charter," &c.

At a numerous meeting of the general practitioners resident in BRENTFORD, and the neighbouring towns, in MIDDLESEX and SURREY, held at the Royal Hotel, in Old Brentford, Jan. 21st, 1845,

It was unanimously resolved—"That the interests and efficiency of the general practitioners would be best promoted by their incorporation as an independent college."

And the MEDICAL AND SURGICAL ASSOCIATIONS OF GLASGOW, MANCHESTER, BEDFORD, SURREY, CIRENCESTER, HEREFORD, and numerous others, have recorded their sentiments as highly favourable to the proposed incorporation of the general practitioners into a collegiate body.

THE INSTITUTE MEDICAL JOURNAL.

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MEETINGS OF SOCIETIES.

This Evening,	November 30th,	MEDICAL SOCIETY, 8 P.M.
Monday,	December 2nd,	CHEMICAL DITTO, 8 P.M.
Tuesday,	Ditto 3rd,	LINNEAN DITTO, 8 P.M.
Ditto,	Ditto 3rd,	PATHOLOGICAL DITTO, 8 P.M.
Thursday,	Ditto 5th,	ZOOLOGICAL DITTO, 3 P.M.
Saturday,	Ditto 7th,	MEDICAL DITTO, 8 P.M.
Ditto,	Ditto 7th,	ROYAL BOT. DITTO, 3¾ P.M.

THE INSTITUTE.

LONDON, SATURDAY, NOVEMBER 30, 1850.

IN a recent number we directed the attention of our readers to the National Association of General Practitioners in Medicine, Surgery, and Midwifery. We described its rapid organization in 1845, its numerical strength, its acknowledged objects, and, above all, its extraordinary unanimity. We intend to comment from time to time on the proceedings of this united and powerful body.

In another column, we reprint two important documents relating to Medical Reform, as they appear in the Transactions of the National Association; and we particularly request our readers to peruse them attentively. One of these, it will be observed, is taken from the *Lancet* of February 1st, 1845, and consists of extracts from the published opinions of several most important societies. The other is a reprint of the Committee of the National Association of General Practitioners, from a paper of Transactions, bearing date July 21st, 1845, or six months *subsequently* to the full promulgation of the principles of the societies alluded to. This great Committee, it will appear, was composed of individuals chosen by the various district Metropolitan and Provincial Associations to represent their opinions, to express their wishes, and to guarantee their support to the National Association. They were the chosen representatives of 4,500 constituents—and they came to their deliberations fully prepared to recognize and advocate the claims of the General Practitioners of England and Wales, to corporate rights and privileges in a Collegiate Institution of their own. There was no ambiguity whatever; consequently, there could be no mistake as to what they sought for, as we have shown by the pretty copious extracts in our present number; and as we hope to collate for our readers on future occasions from the numerous papers prepared by the Committee, issued by the Association, and ratified by overwhelming majorities at public meetings, consisting of many hundreds of Medical Practitioners. We again direct attention to the composition of the Committee of the National Association, as they stand recorded five years ago; and we conclude for the present by remarking, that they unanimously petitioned for the Incorporation of the General Practitioners in Medicine, Surgery, and Midwifery, by Royal Charter, in a new and independent College of their own!

THE RECIPROCITY CLAUSE.

AMONG other imaginary objections urged by one of our contemporaries to the clause introduced into the General Practitioners' Bill, for establishing reciprocity of practice founded upon a uniformly high standard of general and professional qualification, there is one which has not yet been commented upon in this journal. We allude to the astounding announcement, that such reciprocity would lead to the desertion of the London Schools of Medicine,—in other words, that it would "ruin the London teachers."

We affirm that this is a gross libel upon the teachers in our metropolitan schools. The main inference which flows from it being, that the gentlemen who hold these appointments are unable to compete with the teachers in other parts of the kingdom.

Under a just system of reciprocity, there can be no doubt that the schools of the greatest celebrity—those where men of the highest genius, the greatest eloquence, the most profound learning, and the most untiring industry are to be found, where the soundest practical and theoretical knowledge is taught—would become the most popular. Those who have the direction of the education of young men in our profession, are not slow to detect the relative merits of our schools; and the student himself is wise enough in his generation to know his true interests in this respect.

On the part of the London teachers of medicine we state, without fear of contradiction, that, as a body, by their talents and by the high position in which most of them have been placed by the voice of their professional brethren, that they are prepared to compete with the teachers in any other school either in or out of the metropolis of the United Kingdom, that they can have no cause to fear any honourable rivalship, and that this objection to a just reciprocity falls impotently to the ground.

But let us take the converse, and admit for a moment that the London teachers are not, as a body, competent to sustain the reputation of their schools under a system of reciprocity and fair rivalship—that the London schools would be deserted, and the London teachers ruined. Then we say those teachers have been very ill chosen, that they have no business in the high places which they fill, and that their ruin, as teachers, would be their rich desert. What is there to justify legislation which should give a monopoly to a body of inferior teachers in London? What interest can the Government, the public, or the great body of General Practitioners have in sustainining such a monopoly? SIR G. GREY will not think legislation, in such a direction, necessary for the purpose of increasing the tide to this overgrown metropolis.

It signifies nothing to the public where medical men are educated, whether in London, Edinburgh, Dublin, Glasgow, or Manchester, so long as it has a sufficient guarantee that every individual who practises under the authority of the law is duly qualified; and the profession, by which we mean virtually the great body of General Practitioners, look only to the standard of general and professional education, by which the future General Practitioner is to be individually raised in the social scale, and the profession of medicine elevated in the public estimation.

We had nearly overlooked one part of this miserable excuse for opposing the Bill introduced into Parliament by the General Practitioners. The profession in England and the English students, it has been said, will desert the London schools, because they can live *cheaper* in Auld Reekie. "A meal of *oatmeal porridge*, or *potatoes* and *butter-milk*, is *cheaper* than *bread and cheese* and *half-and-half*." Unfortunately for this argument, oatmeal finds its way to London by rail, and may be had as cheap in Regent-street, as in the wynds in Edinburgh. If it be the main object of the London student, he may live as cheaply in London as in Edinburgh; if, on the other hand, his propensity be to extravagance, he has as wide a scope in Edinburgh as in London. It was the names of Black, of Cullen, of Munro, of Gregory, with a few others, constituting a host, which rendered Edinburgh the Modern Athens; so long as the London teachers continue to instruct their classes with the ability they have of late years shown, they need not fear that the benches of their class-rooms will be deserted either for the mountain-dew of the North or the smoke of Manchester: and those who resort to such a pitiful reason for opposing a just system of professional reciprocity for the United Kingdom, who would set up the interests of the London teachers, as opposed to the interests of the profession at large, must have some other object in view besides the good of our noble profession.

We repeat that the legislature of the United Kingdom will never entertain a Bill which does not comprise the principle of full and complete reciprocity of practice for the United Kingdom; and we state that this journal is not the organ of a party—not the organ of the existing medical authorities of London—but '*The Institute*' of Medical Science and Practice for the United Kingdom.

QUACKERY.—MESMERISM.

It will form no part of our policy to ignore the existence of any species of quackery, until it is, indeed, wholly suppressed. It is our intention rather to grapple with its hydra heads in detail. Mesmerism, doubtless, finds many believers still. Faith is a normal principle of the human mind; we instinctively believe everything which is confidently related; it is only by painful experience that we come to doubt of alleged facts, when we have discovered the infinite variety of motives which actuates men to practice deception. The followers of Mesmer continue to make bold assertions, and to find unwary persons to receive them as truths. Amid the multitude of subjects claiming the study of young medical men, it is no wonder that they can give no time to the history of frauds. So long as there are living exponents and upholders of them, with address, and talent, so long will there be inadvertent disciples.

Thus it is with the question before us. Our respected correspondent, Dr. D'Alquen, whose letter we print in another column, claims our notice, as he is certainly an example of a class in the profession, not large, indeed, but still respectable, who, for various reasons, entertain the opinion that there is actually *something* in Mesmerism. We pledge ourselves, before we lay aside the subject, to show that there is *nothing* but the old staple of all quackery—bold assertions, half-observed facts, and multifarious inventions.

At the foundation of the whole, lies the allegation that certain phenomena may be elicited by and upon certain favoured individuals of the human race, which phenomena, although purely physical, wholly fail to appear when others—and these a majority of mankind—are operated on. Here is a contradiction at once to all physical science—and a case calling for an entirely new set of rules for our scientific logic. If chemical affinities only manifested themselves in the hands of individual philosophers,—if the electric shock, or the magnetic motion of the needle, only showed themselves at the bidding of one, or, at most, a few persons scattered widely through time or space—then we might listen to an account of other physical phenomena equally marvellous. But surely it must be at once perceived that any man pretending to be able to elicit actions, or properties from natural agents, which refuse to appear at the bidding of others, throws the question of his credibility at once back upon his personal character. We must ask, is he honest and trustworthy?—is he credulous and deceivable?—can we be sure he is neither deceived nor capable of attempting to deceive us? Nothing of this kind is applicable to true science. The greatest rogue in Christendom might discover a new metal, or a new test for arsenic. The experiment would only have to be repeated, to fix the fact in the records of science for ever. Nothing alleged of Mesmerism is similar. We are referred to what Mesmer did (and, by the way, we may observe it is our intention to show the character of that miscreant to our readers in a future article); we are told what has been done in Calcutta; what was *once* done *somewhere* or *other*, not what may be demonstrated anywhere with due precaution and ordinary skill! We are not speaking of miracles, as we apprehend mesmerisers do not pretend to miracles in the ordinary acceptation of the word.

To return to our correspondent, does he think that Dr. Elliotson quitted his position at University College on a question of mere professional etiquette? If so, we refer him to the *Lancet* of the period, and he will see reason to change his opinion. Mesmerism actually began an alliance with demonology! Whilst, at the same time, the attempt was made to show that the alleged phenomena followed the usual course of science by subjection to the influence of various metals. All its pretended facts were scattered to the winds by the application of a little common sense, and a few experiments made by Mr. Wakley. For which service he has our thanks.

Dr. D'Alquen quotes a passage from Dr. Forbes; but does he forget, or did he never hear of the exposure of the fraud attempted by a certain Alexis, by that physician. We suspect, that the passage quoted from Dr. Forbes was written before the adventure in question. It would be more to the point to have his present opinion. Is it possible to receive the testimony of persons once so exposed, so convicted of either incompetency to deal with physical science, or unfaithfulness to the holy cause of truth and honesty? We think not, and therefore reject as fabulous the alleged power of "manipulations," and "passes," to render any one insensible to the pain of surgical operations. We have now several definite physical agents—æther, chloroform, &c., to effect this purpose completely; but the influence of these anæsthetics gives no support to the pretended power of Mesmerism.

MEDICAL INTELLIGENCE.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 12, 1850.

Dr. Addison, President, in the Chair.

The library, in which the meetings of the Society are held, was very crowded on this, the first night of the present session. Although much has been said of the increased accommodation and conveniences afforded by the alterations which have been effected during the recess, it must be confessed they were not enjoyed on the 12th instant, unless, indeed, by the tea-party up stairs. The want of accommodation below, when the rooms are at all crowded, is as great as ever, except in the visitors' waiting room, which is a much more commodious room than that previously used for that purpose.

HISTORY OF A SUCCESSFUL CASE OF OVARIOTOMY, BY W. E. DUFFIN, ESQ., SURGEON; WITH A DESCRIPTION OF THE MORBID ANATOMY OF THE SAC. BY ROBERT LEE, M.D., F.R.S.

A woman, 38 years of age, having her abdomen enlarged to the size of the eighth month of pregnancy, this size having been attained in seven or eight months, and her general health appearing to be good, applied to the author for relief by operation. The rapid growth of the tumour, which appeared to be connected with the left ovarium, had been accompanied by neuralgic pains in the right thigh, in consequence of pressure on the sciatic nerve of that side. The tumour was very moveable, indicating the absence of adhesions. The patient was very urgent in her desire for the operation, and very confident that it would be successful; it was accordingly performed on the 27th of August last by the author, assisted by Messrs. Fergusson, Ure, and Henry Smith; chloroform having been previously administered by Dr. Snow. The incision, at first of only sufficient size to admit the fore-finger for exploration, afterwards enlarged to three inches, was made in the linea alba, midway between the umbilicus and the pubes. The absence of adhesions having been ascertained, the sac was punctured by a trocar, and 130 ounces of a viscid, ropy fluid, of a light-brown colour, were let out. The collapsed cyst, containing a smaller cyst, the size of an orange, was drawn through the incision, and its pedicle secured by ligatures. The tumour was then separated, and the pedicle and ligatures were prevented from receding into the cavity of the abdomen by other ligatures attaching them to the edges of the wound. The ligatures came away on the 15th day, and the wound was healed on the 22nd, the abdomen resuming its natural shape and size. The patient was kept on a light diet, took opium in sufficient doses for six successive nights, and the bowels were opened by enemata. On the 18th day she was able to get about a little. Her recovery is complete, and she is able to resume her occupation of dressmaker.

DISSECTION OF THE CYST. BY ROBERT LEE, M.D., F.R.S.

The walls of the cyst are composed of three distinct coats or layers. First, a peritoneal covering; secondly, a middle, fibrous coat; and, thirdly, a dense, membranous sac, in which the fluid was contained. In the divided pedicle are seen the cut ends of three large arteries, and of one large vein, and of the Fallopian tube. The peritoneal coat is thin, and loosely attached at the root of the cyst; but, beyond this, it is thick, opaque, and firmly adherent to the tissue below. The middle coat is thick at the root, and contains numerous branches of arteries and nerves with ganglionic enlargements. It becomes thinner as it is expanded over the cyst, is of a dense fibrous structure, and adheres firmly by both its surfaces. The internal membrane is firm and thick, and its inner surface is rough, irregularly puckered, and, in some parts of a brown or yellowish colour. It consists of two distinct layers, like the coats of a Graafian vesicle. A smaller cyst is situated near the root of the larger, imbedded in its middle coat, projecting into its cavity and invested by its lining membrane, which it has pushed before it. The lining membrane of this smaller cyst also consists of two distinct layers like that of the larger cyst. A group of small multilocular cysts is contained in the middle fibrous coat of the great cyst, and between the outer surface of the smaller cyst and peritoneum. They have the same structure, contain a similar fluid, and bear the same relation to one another as the two cysts above described. The author remarks that the walls of this ovarian cyst contain all the elementary structures which enter into the composition of the human ovarium in the healthy condition—peritoneum, stroma, and Graafian vesicles, with blood-vessels and ganglionic nerves. Whether all multilocular cysts are formed in the same manner, future observation must determine.

AN ANALYSIS OF 108 CASES OF OVARIOTOMY WHICH HAVE OCCURRED IN GREAT BRITAIN.

By ROBERT LEE, M.D., F.R.S., F.R.C.P.,

Physician to the British Lying-in Hospital, Physician-Accoucheur to the St. Marylebone Infirmary, and Lecturer on Midwifery and the Diseases of Women and Children, at St. George's Hospital.

The author commences with the history of a case of ovarian dropsy, successfully removed by a surgical operation, and reported in the *Edinburgh Medical and Surgical Journal* for 1822, by Dr. Nathan Smith, Professor of Physic and Surgery in Yale College, Connecticut. He then gives an account of an operation performed by Mr. John Lizars, of Edinburgh, in 1823, when *no* ovarian disease was found after the abdomen had been opened, and of three other operations by the same surgeon, when the diagnosis was more accurate, in 1825 and 1826; and of two operations by Dr. Granville in 1826 and 1827. He then refers to an operation performed in 1833 by Mr. Jeaffreson; and to three operations by Mr. King in 1834 and 1836. During the last twenty-seven years, the operation has been attempted or performed more than 130 times in Great Britain. Of 108 cases, of which authentic reports have been received, in 37 cases either no ovarian cyst or tumour to remove existed, or there were present ovarian cysts and tumours, the removal of which was found to be impracticable, and the operation was abandoned. Of these 37 cases, 14 died. The analysis given of 108 cases of ovariotomy shows that in 37, or about one-third of the whole number, it was impossible to determine *previously* whether ovarian disease actually existed, or, when it did exist, whether its removal was practicable. Of the 71 cases in which ovarian cysts and tumours were removed, 24 proved fatal, in 14 of which the operation could not be completed. In the tabular analysis of the 108 cases appended to the paper, it appears that 45 cases are reported by Dr. Clay, and 11 by Mr. Lane; and to both these gentlemen the author expresses his thanks for the manner in which they have communicated to him the entire results of their experience of the operation.

Mr. Cæsar Hawkins observed, that for some time past, he had entertained great doubt and hesitation as to the propriety of performing this operation. All that had occurred respecting it is not yet known to the profession, and it is requisite that the fullest information should be afforded. The profession are aware that the operation has been frequently attempted, but there exists a strong impression, that in many of these cases a fatal result has followed, or it has been found impossible to complete the operation. The real facts of these cases have not yet been laid before the profession. The operation of ovariotomy has been performed by ten hospital surgeons in London, of whom he (Mr. C. H.) was one. It is very remarkable, that not one of all these hospital surgeons has attempted the extirpation of the ovary a second time. Of these ten cases, his (Mr. C. H.'s) patient was the only one that survived. He thought it most desirable, therefore, that a full statement of all the cases that have been operated on in this country should be prepared, and he was much pleased, when he made this suggestion to his friend Dr. Lee, to see him take out his tablets, and make a memorandum of it. The Society was greatly indebted to Dr. Lee for his table of cases operated on, and he (Mr. C. H.) trusted that before that paper was published, the two gentlemen who had not yet supplied Dr. Lee with the requisite information respecting their cases, would do so, in order that it might be rendered complete. When that had been effected, the profession would be enabled to determine whether or not the operation were justifiable. He did not know whether those gentlemen would enable Dr. Lee to render his tables perfect; but he trusted that they would do so, and that full and accurate particulars of every case, whether successful or not, would thus be put on record. He hoped that he should not give offence by suggesting to a gentleman now present, Dr. F. Bird, the propriety of acting thus, more especially as he has himself, when publishing some of his earliest cases, strongly commented on the conduct of those who conceal the results of cases in which this operation has been performed. He has, of course, a right to give the results of his practice to the profession, when and in what manner he pleases; but he is pledged, by his previous writings, to make known all that he has done in this respect, and he (Mr. C. H.) earnestly urged both him and Mr. Walne to render Dr. Lee every assistance in the preparation and perfection of his valuable tables on the results of ovariotomy. It is quite clear that if thirty-seven operations—about one-third of the whole number recorded by Dr. Lee—if this number of operations have been commenced, and the surgeon has been unable to complete them, because of the extensive adhesions of the diseased ovary, or because there was not any tumour of the kind in the abdomen, the propriety of performing it in any case becomes very doubtful indeed.

Dr. F. Bird expressed his surprise at not finding his own name and his cases alluded to in Dr. Lee's paper, as he had communicated the broad results of his cases to that gentleman. He had operated twelve times; in eight cases the patients recovered; death ensued in the other four.

Dr. Lee had not mentioned Dr. Bird's cases, because both he and Mr. Walne had declined furnishing such a report of their practice, as he required to make his paper perfect. They had neither of them mentioned the cases in which the operation had been commenced, and subsequently abandoned.

The secretary (at Dr. Lee's request) read Dr. F. Bird's note to Dr. Lee. He mentioned that in twelve cases he had extirpated large ovarian tumours: in some of these the disease was complicated with adhesions, double ovarian disease, &c. Four of his patients died; eight recovered completely.

Dr. Addison inquired of Dr. Bird whether he had not had cases in which it was impossible to remove the tumour?

Dr. F. Bird believed that cases did occur in which their means of diagnosis would fail to detect the presence or absence of adhesions. He should not hesitate, under such circumstances, to make an exploratory incision. If adhesions existed, the wound might be closed without fear of peritonitis; if not, the diseased ovary might be removed. He (Dr. F. Bird) had made such an exploratory incision in between forty and fifty cases;* and when the adhesions were very extensive, he closed the wound without any bad results ensuing. In some cases where he thought he had reason to believe adhesions existed, none such were found, and he was able to complete the operation.

Dr. Lee referred to a note which he had in his hand, in which it was stated, that Dr. Bird had operated on a case in the Free Hospital, the patient dying.

Dr. F. Bird had only operated once at the Free Hospital, and that patient was alive and well. He fancied Dr. Lee alluded to a case where a small incision was made prior to passing the trocar, without an intent to effect extirpation.

Dr. Lee remarked, that there could be no doubt but that of the thirty-seven cases in which the operation had been commenced, the cyst not being removable, fourteen had died. It was not, therefore, the harmless operation it had been represented to be.

Mr. Cæsar Hawkins repeated his wish, in which he was sure every fellow of the Society would join, that every particular respecting this operation should be freely communicated to Dr. Lee, in order that his tables may become perfect, and true and legitimate deductions may be made. It appeared from Dr. F. Bird's statement, that, in addition to the twelve cases in which he performed ovariotomy, of which eight recovered and four died, he has made an exploratory incision in at least forty cases more. These he does not regard as even attempted operations, but he (Mr. H.) felt sure no other surgeon would look upon an incision into the abdomen some inches long in any other light. Now, if these forty cases be added to the thirty-seven mentioned by Dr. Lee, there have been seventy-seven cases in which the operation was not successful—could not, in fact, be completed, being about one-half the number of operations, which would then have been noticed in Dr. Lee's tables. He (Mr. H.) considered himself entitled to call these exploratory incisions attempted operations, because he had no doubt that, had the result of the incision been different, Dr. Bird would have completed the operation. He then read an extract from one of Dr. Bird's early cases already alluded to, and again strongly recommended him to avail himself of the present opportunity afforded by Dr. Lee's laudable attempt to clear up the doubts attendant on so important a subject, and enable him, by furnishing him with all the details in his power, to complete and perfect his tables. He thought the profession would not regard Dr. Bird's exploratory incisions into the abdomen justifiable, unless he published the particulars.

Dr. J. B. Thompson stated, in Damascus, where he had been employed professionally under the Turkish Government, he had seen a great deal of this disease, and there two-thirds of the cases operated on recovered.

Mr. B. Phillips agreed with Mr. Cæsar Hawkins that those who published their successful cases, should also make known those which failed. Those who do not do so should be visited with the indignant reprehension of the profession, as it amounts to a *suppressio veri*. They should tell the truth, and the whole truth. If a statement be made to induce the profession to adopt a certain operative proceeding, everything concerning it should be made known, in order that the profession may be able to come to a proper and right conclusion. So much has this practice increased of late years, that medical men are unable to form an opinion of the true rate of mortality of several great surgical operations. No man, of course, can be compelled to make known the results of his experience; but, if he publish at all, he is bound in honour to give his unsuccessful, as well as his successful cases. Some years back, Mr. Phillips wrote a paper, read at one of the meetings of the Society, on the mortality of amputations. On the report of the referee, it was decided not to publish it. It has since appeared that the mortality was not 23 per cent., but nearer 27. If a faithful record of cases were kept, the referee in that case could not have made such a mistake. Civiale, some years ago, was in considerable odium, for having thus misrepresented his cases of lithotrity at the hôpital Necker. He stated that he had operated on 244 cases, and that 236 were cured; but in 97 other cases he sounded, and made other examinations and manipulations, not choosing afterwards to lithotritise. His cases were, consequently, selected, and that he did not state. He should in truth have spoken of 341 cases, and 236 cures, or one in three reverses, and not one in thirty. He (Mr. P.) thought the exploratory incisions were a parallel example. At present all the facts respecting this operation are not known, and consequently a correct opinion as to its value cannot be pronounced. This is not the position in which the profession should be placed. Unless there be some code of morality for medical men different to that which guides the rest of the community, he knew not how those who suppress their unsuccessful cases could be justified. Twelve operations, eight of them successful, were spoken of, but the forty or fifty cases, in which the operation was only attempted, were not mentioned voluntarily. In some cases, those of simple, non-adherent cyst, he believed the operation might be adopted. Dr. Bird says our means of diagnosis are not always sufficient to ascertain the existence of adhesions, and that an exploratory incision must be made. There can be no doubt but that that incision is the commencement of an operation, whether it be completed or not.

Mr. Cæsar Hawkins differed altogether in opinion with Mr. Phillips, relative to the propriety of extirpation in simple non-adherent cysts. For some years past his opinion had been, that they are precisely the cases in which it should not be performed. They are in all probability the cases the most likely to be successful; but so dangerous an operation as ovariotomy should not be had recourse to, unless for some pressing danger. Ovarian disease, it has been said on good authority, may endure for twenty or thirty years with little risk, but this was not his (Mr. H.'s) opinion: he believed it to be generally fatal in a few years, and consequently even so dangerous an operation as the removal of the entire disease is justifiable. He thought, however, that the simple cyst in the broad ligament, and the ovarian cysts formed by the growth of the Graafian vesicles had not been duly distinguished. It is in the latter only that there is the thick tenacious muco-purulent fluid, and the secondary cysts, constituting the multilocular tumour, the cysts being rapidly refilled after tapping, and the disease proving fatal in a few years. These circumstances justify the operation, but it ought not to be adopted in the mere serous cysts of the broad ligament. A patient having the latter disease, when 17 years old, required tapping three years afterwards; ten pints of transparent fluid were removed. In six months' time, nine pints more were drawn off. This was in February, 1838; in May 1841, eight pints were taken away; a year after, six pints; and in October 1844, eight pints more. In February 1846, ten pints were drawn off; in February 1849, she married, and was confined the next November. After this she nearly died from a return of the dropsy, and in the succeeding February, ten pints of a similar fluid were removed by operation. From this and other cases, Mr. H. was led to believe that life was more likely to be prolonged in serous cysts of the broad ligament, than in simple or multilocular disease of the ovarium, and that therefore extirpation is not justifiable in the first-named disease.

Dr. Tilt commended Dr. Lee's plan, hoped he would persist, and also classify his cases. In old persons, after the cessation of the catamenia, with chronic disease, the operation should not be practised. But in young women from 18 to 36 years of age, in whom it is generally fatal in a few years, it is admissible. Of 36 cases in young women, 12 died, 24 recovered. It will be impossible to ascertain with certainty what cases are adapted for the operation, and what are not, until the details of all the cases have been published.

Mr. Phillips, in explanation, said he meant the simple ovarian cyst, which had been the character of the tumour in six out of eleven operations. Four of the six did well, and he therefore thought the operation justifiable in those cases.

Mr. J. B. Brown gave a *résumé* of his opinions on ovarian disease, and described his operation for the formation of an artificial oviduct. As the report of the Medical Society of London, in

* Dr. F. Bird has since stated that, on examining his notes, he found that he had operated thirteen times: nine times with success, and in four instances the patients died. The exploratory incision was made in eighteen cases only. He is about to publish the results of his experience.

he 7th number of this journal, contained these, it is unnecessary to re-produce them.

Mr. Lawrence had neither operated, nor seen others operate, for the extirpation of ovarian disease, nor should he ever do so, unless his opinions greatly changed. In thirty-seven of the operations mentioned by Dr. Lee, it had happ ened that either there was not any tumour, or the adhesions were such that the disease could not be removed. This was, however, much too favourable, for it is certain that many unsuccessful cases have been kept back. This fact rendered Dr. Lee's tables imperfect, but they still showed that ovariotomy could not be received as an acknowledged surgical operation. It would be serviceable to obtain a knowledge of the duration of life, and of the kind of health possessed by patients after ovariotomy, in order that it may be compared with the probable duration of life in those who have tried the other resources of our art only. He (Mr. L.) had lately seen a female, in whom it was said, the operation by the major incision had been successfully practised. She presented a sound cicatrix, extending from the ensiform cartilage, and, in addition, a large solid mass of disease in the pelvis. The distinction between the simple serous cysts of the broad ligament, and the more serious disease of the ovary with its multiplied cysts, and the thick various-coloured contents, has been well shown by Mr. Hawkins. He (Mr. L) has had two instances of the serous cyst under his care for many years, and he believed the patients were still alive; he had not seen them, however, for a long while. The first was a rather tall woman, in whom the disease appeared in 1819, soon after the birth of a child. It gradually increased, causing no other annoyance, than by its size; in 1823, it became necessary, in consequence, to tap her, and a pailful and a half of fluid were withdrawn. For nearly two years after this she was apparently well, when she again began to increase in size, and the operation was repeated. Between that date and 1829, paracentesis was performed three times, after which the disease did not recur. An increase of fulness was occasionally suffered from, but she was always relieved by purgatives. Mr. L. saw her again in June, 1842, when she was in perfect health. In the second case, the operation was only performed twice, with an interval of four or five years, after which the cyst did not refill. He (Mr. L) saw her 16 or 17 years after the tapping. Her health had been good all the while, and there was not the slighest trace of disease anywhere in the abdomen. In the course of the discussion, a most remarkable fact had been elicited; that a gentleman, who had performed the operation twelve times, had, in between forty and fifty cases, opened the abdomen in order to ascertain, in cases of supposed ovarian disease, whether the parts were in a fit state for operating: and having found that it was not so, he closed the incisions he had made. He further stated, that in no instance had any harm accrued. Some doubt would have naturally been felt on this point, had not the operator himself been their informant, for to ascertain whether a diseased ovary or other tumour admits of excision, its situation and connexions must be examined, which can only be done by passing in the hand, and that must require a rather large incision. Although he had been fortunate enough not to have any bad consequences follow, it is not very likely that the same result would attend others; and he (Mr. L.) would therefore give a caution against the repetition of so bold a proceeding. At all events, as in none of these forty cases, could the operation be completed, with the thirty-seven cases mentioned by Dr. Lee, it proves the difficulty of diagnosis in this disease. Mr. L. then remarked that the operation of forming an artificial oviduct, as Mr. Brown called it, was not novel, and had invariably proved fatal, whenever it had been practised. It involves greater danger than even ovariotomy, which at least has the merit of removing the disease; which this operation does not, while it sets up inflammation in the whole mass of disease, which, be it remembered, is covered by peritoneum, and surrounded by the abdominal viscera. Many years ago he had seen such an operation performed in more than one case, and in each instance the termination was fatal.

LONDON UNIVERSITY.

M.B. SECOND EXAMINATION.—1850.

EXAMINATION FOR HONOURS.

Tuesday, November 19.—*Morning*, 10 *to* 1.

PHYSIOLOGY AND COMPARATIVE ANATOMY.

Examiner, Prof. CARPENTER.

1. Describe the anatomical elements of an ordinary *Mucous Membrane;* and state the principal modifications which these undergo in different organs.

2. Show the dependence of all *Vital Action* upon *Heat*, by examples drawn from different classes of Animals; and give an account of the chief provisions which are met with, for its constant or occasional development in the living body.

3. Describe the *Nervous System* of an *Insect*, in its three states of Larva, Pupa, and Imago; point out its anatomical relations to that of Vertebrated Animals; and give an account of the probable nature of its actions, as elucidated by observation of the natural habits of the class, and by experimental observation.

Tuesday, November 19.—*Afternoon*, 3 *to* 6.

PHYSIOLOGY AND COMPARATIVE ANATOMY.

Examiner, Prof. CARPENTER.

1. Give a general account of the process of *Respiration* as performed in the human subject;—specifying the minute structure of the air-cells of the Lungs, and of their capillary network; the mechanism by which the air contained in them is continually renewed; the parts of the nervous system by whose action the movements are sustained; the average quantity of air that passes through the lungs per minute; and the nature and amount of the changes of composition effected in it by the respiratory process.

2. Describe the structure of the *Electric Organs* in the Fishes which possess them; and enumerate the principal phenomena of their action, pointing out the dependence of these upon nervous agency.

3. Give an account of the microscopical characters of the different forms of the *Nervous Tissue*, and of its chemical composition; state what may be probably regarded as their respective functions, and how far these are dependent upon oxygenated blood; and point out the relations between Nerve-force and Electricity.

Wednesday, November 20.—*Morning*, 10 *to* 1.

SURGERY.

Examiners, Sir STEPHEN HAMMICK and Mr. HODGSON.

1. Give the different diseases of the Testicle, whether they arise from natural or accidental causes: you will describe the appearances, symptoms, and treatment of each variety, through its several stages: and when the testicle requires to be removed, you will give the method of performing the operation of Castration, with the subsequent management of the case both locally and generally, under favourable and untoward symptoms.

2. Describe the various Polypi of the Nose, and its communicating cavities, whether of a mild or malignant character: you will give the situation, attachment, appearance, symptoms, and mode of treatment of each variety of Polypus, with the probable termination: you may further illustrate your observations by the detail of any cases which may have fallen under your notice.

Wednesday, November 20.—*Afternoon*, 3 *to* 6.

SURGERY.

Examiners, Sir STEPHEN HAMMICK and Mr. HODGSON.

1. Give the local and general treatment of a compound fracture of the Thigh-bone, about its middle third, whether arising from falls, blows, or gun-shot: and when it is decided to amputate the limb, either immediately after the receipt of the fracture, or at any subsequent period, you will give your reasons for such decision: you will describe the method of performing the operation of amputation, with the subsequent management of the patient both locally and generally, when under favourable or the dangerous symptoms arising from exhaustion, inflammation, suppuration, sloughing, hæmorrhage, or any other cause.

2. Enumerate the various diseases to which the lower part of the Rectum and Anus are liable: give the method of performing the operation required for a fistula in ano, when in a simple or complicated form, with the subsequent treatment of the case according to the symptoms which are likely to arise.

Thursday, November 21.—*Morning*, 10 *to* 1.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Sketch the more recent views as to the modes by which pus may be introduced into the blood. Describe the pathological causes, diagnostic symptoms, and treatment of Pyoemia.

2. Describe the morbid appearances in the brain in fatal apoplexy.

Thursday, November 21.—*Afternoon*, 3 *to* 6.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Describe the principal varieties of morbid structure usually classified under the term *dropsy of the ovary*. What are its diagnostic signs?

2. Sketch the causes and the indications of treatment in the lithic, phosphatic, and oxalic diathesis respectively.

Friday, November 22.—*Morning,* 10 *to* 1.

MIDWIFERY.

Examiner, Dr. RIGBY.

1. Describe the prophylactic treatment of abortion.
2. What is the meaning of a Mole Pregnancy?
3. What are the sources of danger to the child's life in face and nates presentations, and how would you act under such circumstances?
4. Give the diagnosis of true from false pains.

M.D. EXAMINATION.—1850.

Monday, November 25.—*Morning,* 10 *to* 1.

ELEMENTS OF INTELLECTUAL PHILOSOPHY, LOGIC, AND MORAL PHILOSOPHY.

Examiner, Mr. BURCHAM.

1. "There are and can be but two ways of investigating and discovering truth." What are these two methods, and what is the difference between them as regards the process of the mind?
2. One of the operations, which the word Induction has been used to designate, is "the *material* illation of a universal from a singular, as warranted either by the general analogy of nature or the special presumptions afforded by the object matter of any real science." Show that this is the process of Bacon, and distinguish between it and the Aristotelian Induction.
3. Enumerate the causes or sources of the Idola Tribus, and the Idola Theatri.
4. Give Stewart's definition of consciousness. How, according to him, do we get the notion and conviction of our personal identity? Give any other solution of the question.
5. "It is to the use of artificial signs that we are indebted for all our general conclusions, and without it our knowledge would have been entirely limited to individuals." Give reasons for or against the above proposition.
6. "To what part of our constitution is the origin of our ideas of right and wrong to be ascribed?" How is this question answered by Hobbes, Cudworth, Locke, and Hutcheson? How do you answer it yourself?

Monday, November 25.—*Morning,* 10 *to* 1.

COUSIN AND BUTLER.

Examiner, Rev. H. ALFORD.

1. What, according to Locke, are the sources of all our ideas? How does he on his theory account for the ideas of space, time, infinity, personal identity, substance, causality?
2. What fundamental error pervades the whole of this part of Locke's system? How has it been carried out since his time, and by whom? What are, according to Cousin, its principal merits and demerits?
3. Give Cousin's refutation of Locke's view, that all judgment is founded on comparison.
4. What are the presumptions that we shall live after death, deduced from our present physical, intellectual, and moral state?
5. How is God's government by punishments justified by analogy? "In the natural course of things, virtue *as such* is rewarded, and vice *as such* punished." With what exception is this true? What may be inferred from the rule, and what from the exception?
7. Show that the government of God must be a scheme incomprehensible to us at present.

Monday, November 25.—*Afternoon,* 3 *to* 6.

COMMENTARY ON A CASE IN MEDICINE.—CELSUS DE RE MEDICA.

Examiners, Dr. BILLING and Dr. TWEEDIE.

R. W. æt. 28, when first visited on the 20th of December, stated that he generally enjoyed good health, that his present indisposition, which was of three weeks' duration, and had been preceded for ten or twelve days by slight cough, commenced by severe headache, loss of appetite, thirst, and chilliness, succeeded by hot skin and tendency to sweating. The chilliness, which recurred every day at the same hour during the first week, had entirely disappeared. The bowels were at first confined, but for the last few days he had felt griping pains in the abdomen, accompanied by frequent liquid evacuations from the bowels, and on the previous day he had voided by stool about half a pint of dark-coloured blood.

On the 21st, he complained of epigastric tenderness and urgent thirst, the tongue was clean at the edges, brownish in the centre; but there was no headache and no pain of limbs; the pulse was only 76, there was little cough, the respiration was easy, the chest clear and resonant on percussion, and no kind of râle accompanied the respiratory murmur. His manner was calm, and though he replied to questions rather slowly, his intelligence was unimpaired. In the evening there were slight chills, followed by heat of skin, but no sweating. The accession returned on the next and following days, but a little sooner. On the 25th there was no chill, but the diarrhœa, which had ceased since he was first visited, reappeared, and he had passed fifteen liquid stools. By the remedies administered, it was again restrained, though in the next few days it was evident that his powers were much depressed.

On the 1st of January, he had frequent bilious vomiting, and passed from eight to ten small liquid dejections. Next day the expression of his countenance was visibly altered, the speech more slow, the pulse quicker, the skin moderately hot; there was cough, accompanied with slight mucous expectoration. He had passed only three evacuations from the bowels during the day.

During the night of the 3rd and 4th, he suddenly experienced very severe pain in the hypogastrium, so severe as to cause him to utter loud shrieks; it continued with undiminished severity for an hour, and then abated considerably. When visited on the following day, the belly was soft and could be examined without apparently inducing much pain. The features, however, were much contracted, and his general powers very feeble; the pulse 110, respiration frequent, tongue clammy, and he complained of much thirst. On the morning of the 5th, his countenance had become more animated, the whole body was covered with a profuse sweat, the abdomen was slightly tender, the tongue white, but his thirst had abated, and he had passed no stool for 24 hours. This apparently calm state was, however, interrupted in the evening by bilious vomiting. In the course of a few hours he complained of feeling very ill, and expired before midnight.

What was the nature of this disease?

What appearances would you expect to find on examination of the body after death?

How would you have treated the disease?

Translate:—

Ubi verò febris aliquem occupavit, scire licet non periclitari, si in latus aut dextrum aut sinistrum, ut ipsi visum est, cubat, cruribus paulùm reductis; qui ferè sani quoque jacentis habitus est; si facilè convertitur, si noctù dormit, interdiù vigilat, si ex facili spirat, si non conflictatur; si circa umbilicum et pubem cutis plena est; si præcordia ejus sine ullo sensu doloris æqualiter mollia in utrâque parte sunt. Quòd si paulò tumidiora sunt, sed tamen digitis cedunt et non dolent, hæc valetudo, ut spatium aliquod habebit, sic tuta erit. Corpus quoque, quod æqualiter molle et calidum est, quodque æqualiter totum insudat, et cujus febricula eo sudore finitur, securitatem pollicetur. Sternutamentum etiam inter bona indicia est, et cupiditas cibi vel à primo servata, vel etiam post fastidium orta. Neque terrere debet ea febris quæ eodem die finita est; ac ne ea quidem, quæ, quamvis longiore tempore evanuit, tamen ante alteram accessionem ex toto quievit, sic ut corpus integrum, quod εἰλικρινὲς Græci vocant, fieret. Si quis autem incidit vomitus, mixtus esse et bile et pituitâ debet, et in urinâ subsidere album, lævе, æquale; sic ut etiam, si quæ quasi nubeculæ innatarint, in imum deferantur; at venter ei qui à periculo tutus est, reddit mollia, figurata, atque eodem ferè tempore quo secundâ valetudine assuevit, modo convenientia his quæ assumuntur.

Pejor cita alvus est: sed ne hæc quidem terrere protinùs debet, si matutinis temporibus coacta magis est, aut si, procedente tempore, paulatim contrahitur et rufa est, neque fœditate odoris similem alvum sani hominis excedit. Ac lumbricos quoque aliquos sub finem morbi descendisse nihil nocet. Si inflatio in superioribus partibus dolorem tumoremque fecit, bonum signum est sonus ventris indè ad inferiores partes evolutus; magisque etiam si sine difficultate cum stercore excessit.

Monday, November 25.—*Afternoon,* 3 *to* 6.

CASE OF SURGERY FOR COMMENTARY.

Examiners, Sir STEPHEN HAMMICK and Mr. HODGSON.

A gentleman, 65 years of age, of robust stature, but apparently of a phlegmatic temperament, of active habits, moderate in the use of fermented liquors, but addicted to much and good eating, rubbed the skin off the first joint of the left second toe by wearing a tight boot. He suffered but little inconvenience for a week, when the toe became excessively painful and slightly inflamed. He thought he had an attack of gout, but he had never suffered from that disease, nor had he any other symptoms of it. In the third week from the time of the injury, the pain having continued unabated, the toe became dry, black, and in a gangrenous state to its metatarsal joint. The pain then ceased, and only a very slight degree of inflammation was observable over the metatarsues The pulse at the wrist and the movements of the heart wer.

feeble, but no unnatural sound could be detected in the precordial region. In the sixth week the inflammation extended over the metatarsus, accompanied with acute burning deep-seated pain in the foot generally, increased feebleness in the pulse at the wrist and at the heart, dry brown tongue, loss of appetite, and great prostration. In the seventh week gangrenous patches formed on the upper part and on the sole of the foot, preceded by slight swelling and vesications. The gangrenous patches extended, and in the eighth week reached to the ankle, having become partially detached in some places, from which offensive putrid matter and sloughs were removed. The powers of the system gradually declined, low delirium and subsequently coma came on, and the patient died at the end of the eighth week from the time when he first perceived the abrasion of the toe.

In commenting on this case you are requested to describe the different forms of gangrene and their causes, symptoms and pathology, both with reference to remote organs and the state of the parts in which those conditions exist. You will also mention the modes of treatment, both general and local, which you would adopt, with your reasons for their employment.

Monday, November 25.—*Afternoon* 3 *to* 6.

CASE IN MIDWIFERY.

Examiner, Dr. RIGBY.

Mrs. B., aged 42, mother of ten children.

July 18, 1850, eight months pregnant.

The membranes broke this morning, and there has been more or less discharge of blood ; she was at a party last night, and was much oppressed by the heat of the weather ; moreover, she slipped down two or three days ago. Her bowels have been confined and unhealthy; they have been but partially rectified by medicine ; the liver is torpid, and the tongue fissured.

Exam. per vaginam.—The vagina is full of clots ; the os uteri, which can barely be reached with the finger, is just beginning to dilate. No presenting part can be reached. Liquor amnii dribbles away ; occasionally she has a slight pain which increases the discharge.

July 19.—Slept well, had occasional slight pains all day ; at about 6 P.M. they increased, and a hand could just be reached, the os uteri being about two-thirds dilated : both it and the os externum were very dilatable, and the attendant passed his hand with great ease ; the other hand of the fœtus was found close by that which presented, but it was so soft and pliable that he did not feel certain until he had reached the elbow. On passing towards the abdomen of the child, he found the legs and brought one down ; there was no pulsation in the cord, which passed between the child's legs. When the foot was brought into the vagina, it was left there until pains should come on. In half an hour they returned ; more liquor amnii and blood followed ; then came the nates of the child with the other foot ; the arms, shoulders, and head followed with great ease: the child was dead; there was some hæmorrhage afterwards, which was stopped by ergot, cold, and pressure.

The Candidate is requested to make a few remarks on every practical point which may strike him.

Tuesday, November 26.—*Morning*, 10 *to* 1.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Explain the general principles on which the treatment of dropsy is founded.

2. Describe the different forms of small-pox. Sketch the symptoms, progress, and treatment of confluent small-pox.

6. Explain how pneumo-thorax may arise. Give its physical signs and treatment.

4. Describe the anatomical characters, diagnostic symptoms, and treatment of acute hydrocephalus.

Tuesday, November 26.—*Afternoon*, 3 *to* 6.

MEDICINE.

Examiners, Dr. BILLING and Dr. TWEEDIE.

1. Describe briefly the conditions of the heart (organic and functional) which are accompanied by abnormal sounds.

2. Enumerate the principal varieties in the expectoration in pulmonary diseases. What are the diagnostic indications to be drawn from each?

3. Sketch the causes, nature and treatment of anæmia.

4. Describe the anatomical characters, diagnostic symptoms and treatment of laryngitis.

HEALTH OF LONDON DURING THE WEEK.—The present return exhibits a sudden increase in the deaths of London, and a greater mortality than in any week since the beginning of April. The deaths registered in the two previous weeks were 921 and 908, but rose in that which ended last Saturday to 1,016; and they now exceed the actual average for the ten corresponding weeks in 1840-9, which is 977, but fall short of the average as corrected for probable increase of population, by which it is raised to 1,066. The present increase, as might be expected from the season of the year, is observed to proceed from diseases of the organs of respiration, with the exception of phthisis, or consumption. Pneumonia was fatal in the preceding week in 56 cases, last week in 94, of which 69 were amongst children; but it has not yet attained the average. Bronchitis was fatal in 77 cases, of which nearly two-thirds were among persons of mature years, and it continues to exceed the average. On the other hand, consumption, which numbers 111, has declined on the previous week, and does not show the same disposition, with other affections of the respiratory organs, to be aggravated by atmospheric changes. This disease does not yet quite equal the average, and its comparatively low rate of mortality during the year may be due, in some degree, to the middle-aged part of the population, who are most subject to it, having been thinned by cholera, which also bore most heavily on the same class. The deaths of children by convulsions were last week 44, or nearly two-fold the number of the previous week. Amongst zymotic or epidemic diseases, scarlatina and typhus are the most rife, and destroyed nearly the same number of lives; from the former there were 41 deaths, from the latter 47. Measles is not now so fatal as usual as regards the metropolitan districts generally; but Mr. Chatwood, the registrar of St. Paul, in St. George-in-the-East, mentions a family in Mary-street, in which two children have died last week from measles, and six others are suffering under it; and he adds, that measles of a malignant form is very prevalent in his district. In a house, 7 Bluegate-fields, also in St. Paul sub-district, the son of a labourer, aged 6 months, died of "confluent small-pox (10 days), not vaccinated." It is stated in the medical certificate that the complaint was brought by families from Ireland, and that "great numbers are now living in this house in a most filthy and deplorable condition." The only case of cholera registered, occurred on the 17th November, at 33 Cambridge-terrace, Clapham-road; the son of a merchant, aged 5 weeks, died of "English cholera." Fever finds its victims in damp, ill-drained, unwholsome residences, and several cases in point are now reported by the local officers. Amongst these Mr. Wells draws attention to a locality in John-street, near Tottenham Court-road, where four deaths of children, some of them from fever, have recently occurred "within a few yards of each other." The stench in the houses (he adds) is almost insufferable, and several persons are now lying dangerously ill, owing entirely to defective drainage.

Intemperance was fatal in the week to three persons; in two cases by producing delirium tremens or other disease, and in one, by means of a fall received in a state of intoxication.

The births of 708 boys, and 673 girls, in all, 1,381 children, were registered in the week. The average of five corresponding weeks in 1845-9 was 1,320.

At the Royal Observatory, Greenwich, the mean daily reading of the barometer was highest on Sunday, when it was 29·96 in. On Tuesday and Wednesday it was less than 29 in.; and the mean of the week was not more than 29·340 in. The temperature was low towards the end of the previous week, and at the beginning of last; but the mean rose to 49° on Friday and Saturday, about 6° above the average. The mean of the week was 46·9°. The wind was for the most part in the south-west.

The following selections are made from the Registrars' Returns:—

In St. George, Hanover-square sub-district, the son of a dressmaker, aged 3 years, died of "aphtha and want of breast-milk," without medical attendant. The reason (says Mr. Jay) which the mother gave for not having medical assistance, was that she believed the child too young to receive benefit from it.

In Berwick-street sub-district, at 1, New-street, on the 19th of November, the son of a labourer, aged 4 years, died of "fever (25 days)." Mr. Walker states that "the child refused to take medicine. The dwelling in wh'ch it died is most unwholesome and offensive."

In Pancras, Tottenham sub-district, at 8, Petty's-court, on the 14th November, the daughter of a porter, aged 6 years, died of "scarlatina maligna." At 13, John-street, on 19th November, the daughter of a shoemaker, aged 2 years, died of "pertussis (9 months), febris (1 week)." At 3, John-street, on 16th November, the son of a tinman, aged 6 weeks, died of "bronchitis (8 days)." Mr. Wells observes that "the three deaths above, and one recorded

last week, occurred within a few yards of each other. The stench in the houses is almost insufferable, and there are several persons now lying dangerously ill, owing entirely to the defective state of the drains, which at present do not communicate with the sewers."

In Clerkenwell, at 13, Lloyd's-row, on 19th November, the son of a jeweller, aged two years, died of "scarlatina." "This child," says Mr. Burrows, "died soon after taking some medicine which had been prescribed by a druggist. The father perceiving that he grew worse, applied to a medical man, who, on his arrival, pronounced life to be extinct. Information of this circumstance was communicated to the coroner, who stated, in answer, that it was not necessary to hold an inquest. There are other children labouring under this disease in the same house. The situation is a healthy one."

In Hackney-road sub-district, at 20 Vincent-street, the daughter of a weaver, aged 1 year, died of "pneumonia (4 weeks)." This street is described by Mr. Murray as close, crowded, and badly drained. Two children, the son and daughter of a blacksmith, aged respectively 11 months, and 5 years, died at 3 Hepworth-place, in the same sub-district, within 6 days, of hooping-cough, while a third child was not expected to survive. "This is a crowded court, low, damp, and badly drained." Also at 58 Old Castle-street, on 20th November, the son of a chairmaker, aged 4 years, died of "croup (6 days)." The street is crowded; it has a good sewer, but there are few communications therewith."

The following occurred in various parts:—

An architect, aged 48 years, died of "melancholia (3 months)."

An umbrella maker, aged 71 years, died of "melancholia, exhaustion."

The son of a gentleman, aged 5 years, died of "cynanche tracheitis (36 hours), tracheotomy (76 hours)."

A gentleman, aged 39 years, died of "complicated abdominal and cerebral disease of long standing, epileptic fits, hæmatemesis."

Erratum in the Return for Week ending Nov. 16, for "Warwick-place Hoxton," *read* "Warwick-place, St. Luke."

Commissioners of Lunacy.—On Saturday was issued the Fifth Annual Report of the Commissioners of Lunacy. The report, which is addressed to the Lord Chancellor, was signed by Lord Ashley on the 30th of June last. It appears that on the 1st of January there were 15,079 lunatics in asylums, hospitals, metropolitan licensed houses, and provincial licensed houses, of which number 11,305 were paupers, and 264 criminals. Out of 454 patients attacked by cholera 311 died.

Apothecaries' Hall.—The following gentlemen having undergone the necessary examinations were admitted licentiates on the 21st inst.—James Stoate, Bristol; Edward Adolphus Brown, Chelmsford; Joseph William Beaumont, Sheffield; Thomas Young Thompson, Sherburn.

Poor Law.—According to a report to Parliament printed on Saturday, there were 468,028 hospital patients admitted in the year ended the 25th of March last. The average number under treatment per week during the year was 34,072, and the expenditure in the year was 177,039*l.* 11s. 9½d. for medical establishments under the Poor Law in Ireland.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

LXIX.—Extraordinary Contraction of the Fauces, the result of old Ulceration.—The history of this case was given at the Boston Medical Society by Dr. Jackson. The specimen was sent by Dr. J. S. Jones.

The patient, an Irishwoman, aged 37 years, entered the Massachusetts General Hospital on the 7th of June, with what appeared to be a syphilitic ulceration upon the leg, which having cicatrized, she was discharged on the 12th of July.

Five years ago, she was attacked with ulceration, which destroyed the greater part of the soft palate and tonsils; this having only recently cicatrized, and being still liable to break out. Denied any syphilitic taint, and could assign no cause for the disease; her health having previously been good. Appetite good, and she was well nourished; took solid food as well as liquid, and was no longer at the table than the other patients. Had no difficulty of deglutition, though she would sometimes choke when asleep. Breathing at all times somewhat laboured, and more or less stertorous; particularly on exertion. Voice sufficiently loud, and not hoarse, though hollow and peculiar; when about to speak she would take in a full inspiration, and speak as long as she expired.

Patient died five or six days after leaving the hospital, in consequence of brutal treatment which she had received from her husband; and, on dissection, there was found acute pneumonia, but no other disease except about the throat.

The contraction is such, that a large catheter would hardly pass from the mouth into the pharynx; the parts being thickened and condensed, but perfectly cicatrized. The remains of the soft palate on each side, and the whole of the epiglottis, so far as can be seen without cutting the stricture entirely through, are closely and strongly adherent to the base of the tongue. The rima glottidis also adheres extensively to the pharynx; and what should be a mere indentation between the two lips of the glottis, has come, by the traction that has been exercised upon the parts, to be a long and deep fissure.

One other case of similar contraction of the fauces may be seen in the Cabinet of the Society.—*American Journal of Medical Sciences, November*, 1850.

LXX.—A New Instrument (an exploring canula with suction power applied) and a new operation in cases of Effusion into the Cavity of the Chest.—This instrument was shown by Dr. Bowditch at the Boston Medical Society, who stated that it was constructed after the model of one used by Dr. Morrill Wyman, of Cambridge. It consisted simply of a brass suction-pump, arranged without valves after the stop-cock fashion. There were two apertures, one for suction and the other for a discharge pipe, and by turning the piston pipe ninety degrees, one or the other of these apertures was opened. An exploring canula was arranged so as to fit tightly into the suction aperture; and having been introduced into the chest, the suction could be applied immediately, and all the fluid usually discharged, without any change of the apparatus, save the turning of the piston-pipe above described, in order to discharge the fluid when the barrel was full.

Dr. B. had seen the operation performed five times during the last three months. All the patients were immediately more or less relieved; two had tubercles at the time, one of whom has since died. Two cases were perfectly successful, the patients being, at the time of the operation, very ill, with pulse over 120, night sweats, &c. One recently operated on with the greatest relief was still under treatment. Finally, he knew of one case treated by Dr. Wyman, who is now well, and who undoubtedly would have died had the operation not been performed.

The pain of this operation is, comparatively speaking, nothing, and the patients are generally not at all troubled by it. The wound of course, closes instantly on the removal of the canula, and no air can enter the chest while the apparatus is in operation.

Dr. Bowditch concluded by remarking that operations had been done from time immemorial, upon the chest in cases of effusion, but he believed that they were generally considered as a last resort. In Guy's Hospital Reports, cases are given of the use of the trocar, but Dr. B. believed that to Dr. Wyman was due the credit of having first proposed the use of the *exploring canula with suction applied thereto.*

Dr. Bowditch has arrived at the following conclusions:—

1st. The operation is perfectly simple, but slightly painful, and can be done with ease upon any patient in however advanced a stage of disease.

2ndly. It should be performed forthwith in *all* cases in which there is a complete filling up of one side of the chest.

3rdly. Dr. B. had determined to use it in *any* case of even *moderate* effusion lasting more than a few weeks, and in which there should seem to be an indisposition to yield to the ordinary mode of treatment.

4thly. Dr. B. would urge the practice of puncturing in this way upon the medical profession *as a very important measure in practical medicine;* for he believed that, by this method, death may be frequently prevented from ensuing either from sudden attacks of dyspnœa, or subsequent phthisis, or, finally, as in two cases he had seen, from the gradual wearing out of the powers of life from inability to absorb the fluid, even when all the organs, save the pleura of the affected side, were healthy.

5thly. Dr. B. was likewise inclined to the belief that this operation, if generally adopted, would sometimes prevent the occurrence of those very tedious cases of spontaneous evacuation of purulent fluid, and those great contractions of the chest that occur after long-continued effusion and the subsequent discharge or absorption of a fluid.—*Id.*

LXXI.—Case of Abscess of the Pancreas.—By James Kilgour, M.D., Physician to the Ludlow Dispensary.—*Case.* T., Esq., æt. 41, unmarried, of indolent habits, a large eater, fond of sweetmeats, addicted to masturbation, and one of whose sisters was carried off by phthisis, was subject for some years to periodical attacks of bilious dispepsia, usually occurring in the autumn,

and often attended by a white condition of the alvine evacuation, along with a liability to sickness and vomiting, more particularly in the morning. In September 1849, he suffered as usual; but, instead of getting well after a little dietetic discipline and laxative medicine, as had been the case in former years, his symptoms increased; and, when I first saw him, on the 21st of March last, he was emaciated, feeble, and dispirited. The symptoms under which he then laboured were sufficient to account for this condition: the most prominent were, frequent vomiting without much nausea, great sense of distension in the stomach and bowels, which secreted much gas, almost total loss of appetite, and restlessness, with want of sleep at night. With reference to the vomiting, it usually took place in the morning, either before or after taking food: but, during the day, it generally occurred after foed,—sometimes immediately, sometimes after the lapse of two or three hours. The matters rejected were the ingesta, mingled with, and followed by, a quantity of thin, ropy mucus, the whole being intensely acid. The amount discharged varied from a quart to an ounce, and seemed, in general, to depend upon the time during which the acid secretions had been permitted to accumulate. The act was attended with little effort; and, as has been already stated, was not accompanied by much, nor sometimes by any, nausea. The skin was dry and unperspiring, of a slightly yellow tinge, which was more pronounced in the sclerotic; the tongue white, but moist, though stated to have been red and dry previously; there was no thirst; the bowels were slow, but easily moved by medicine; the stools consistent, never fluid, unmixed with bile, and remarkably fetid; the urine was passed in proper quantity (sp. gr. 1,022), sometimes much loaded with lithates, and generallly containing a good deal of urea and colouring matter. No bile could be detected in it; but the microscope showed it to contain fat.* The pulse was about 100, small; no pain whatever was complained of; even firm pressure over the abdomen failed to elicit signs of tenderness at any point,—the only inconvenience occasioned by its exercise, arising from its producing a tendency to vomit. Moreover, there was no unusual prominence of its walls, either general or partial; but percussion revealed much tympanitic resonance over the stomach and right side of the abdomen; while the left yielded a dull sound, from the lower border of the stomach to the ilium, and felt doughy, inelastic, and towards the median line, knotty.

The region over which this absence of resonance prevailed, had no sharply-defined limits, nor could the form of any tumour or substance beneath the abdominal walls be traced. There was neither pulsation nor fluctuation, to aid the diagnosis; and the general impression which an examination of the abdomen, at this time, conveyed, was, that some abnormal growth, occupying the greater portion of the left side of the abdomen, had pushed the intestines over to the right side, and the stomach up towards the thorax. The liver, whose secretion we have seen to be absent from the stools, though recognizable in the colour of the skin, could not be connected with this abnormal state. It appeared to be of ordinary bulk, not exceeding its natural limits in any direction, and bore pressure with the same impunity as other portions of the abdomen.

The case, as now described, proceeded, with slight and varying alterations in some of the symptoms, but with a decided downward tendency upon the whole, until about the middle of May, when its progress became accelerated by the occurrence of something like irregular intermittent. There were rigors, at uncertain intervals, of from one to three days, each being followed by a hot fit, and terminating by sweating; there was also a tendency to sweat at night. The vomiting, from which the patient had experienced occasional and temporary relief by the use of bismuth, now returned in all its intensity, and bade defiance to remedies; the wasting and debility, which heretofore had advanced with a gradual step, became painfully apparent from day to day; the appetite grew weaker; while the pulse rose in frequency (to 114), and sank in power. The bowels, no longer slow, acted of their own accord about twice daily; the quality of their contents remaining as already described, devoid of bile, and horribly fetid, but never fluid. The tongue became red and clean, with numerous aphthæ on its back part and edges; the urine and saliva were natural in quantity and in quality; a little thirst was complained of, but no pain. It is to be remarked of the matters vomited now, that they were less sour than formerly, sometimes consisting of thin, glairy mucus, with something like yelk of egg intermixed; sometimes of a colourless fluid, neutral to test-paper, and slightly coagulable by heat. At the same time, the condition of the abdomen, as discoverable by palpation and percussion, became much changed; the dulness descending no lower than the umbilicus, and not rising higher than the ordinary situation of the lower border of the stomach, but rather stretching backward to the left flank. The cause of this dulness still remained undefinable as to form; and the abdomen, at that part, gave no other sensation to the fingers than what I have already described, namely, a doughy, inelastic feel. Pressure still failed to excite pain in any part of the abdomen; but some slight pain, or rather uneasiness, had been experienced in the left lumbar region.

The next epoch, which it is important to mark in this case, may be dated from the end of May. The rigors then ceased, and the abdomen returned to its usual condition, except at one point, about an inch above the umbilicus, and rather to the left of the mesian line, where pressure caused a feeling of soreness, or, as the patient expressed it, as if a boil were there. Over this spot, which was about two inches in diameter, the abdomen felt resistant, and India-rubber like. This apparently favourable change brought no improvement to the patient, because it was not accompanied by any mitigation of the mortal symptoms exhibited in the disorder of the stomach, liver, and duodenum, and the wasting consequent thereon. Neither did the pulse fall with the subsidence of the febrile fits; on the contrary, it beat 120 in the minute, and some hurry of breathing became now evident for the first time. The bowels continued to act without medicine, and a slight trace of bile was now discoverable in their contents, but their fetor remained unabated. The patient continued to be much annoyed by the quantity of gas secreted by the stomach and intestines; which, besides giving the sensation of uneasy fulness, helped to excite vomiting, now become more frequent than ever, though still unaccompanied by straining or retching. As might be looked for in such circumstances, wasting and muscular debility made rapid progress; and the appearance of the patient became altered, in proportion to their advance. No noticeable change, however, took place in the principal symptoms, until about the beginning of July, when a sudden and considerable swelling of the feet and legs occurred, which was followed by much relief. The vomiting became less frequent, and the appetite improved a little, but still the processes necessary for nutrition remained imperfect; bile did not find its way into the duodenum, except in very minute quantities, and, although what was eaten was not so constantly rejected as formerly, it did not contribute either to strengthen the patient, or to arrest the progress of the *dépérissement* which proceeded unchecked unto the end. Shortly after this, some decay in the memory and perception became obvious; there was tendency to somnolency, and the pupils occasionally dilated; the patient was sunk down in bed, and declined the least exertion; the features were pinched, and cadaveric, and it became apparent that the cessation of the severer symptoms was only an evidence of the waning powers of life. On the evening of the 26th, the vegetable-like monotony of the patient's existence was broken, by the occurrence of a severe rigor, from which he recovered, to experience a second on the following evening, and a third on the morning of the 28th, which last extinguished the feeble and flickering flame of life.

The *post-mortem* examination was made fifty-eight hours after death, when decomposition had already made some progress, and, from circumstances, in a very hurried manner. The limbs were extremely emaciated, the trunk much less so, and half an inch of fat was found to cover the muscles of the abdomen, which alone was opened. Much fetid gas escaped upon puncturing its cavity, and some fat was found in front of the intestines. The stomach was very large and distended with gas, its walls were extremely thin, and some inflammatory patches were observed near the pylorus, on the lesser curvature. The pylorus itself was slightly thickened, and its orifice narrowed. The duodenum bore the marks of intense inflammation throughout, which had proved most destructive in that portion most contiguous to the pancreas, which broke down into pultaceous shreds in the most cautious attempts to examine it. The inflammation extended for a short distance into the jejunum, and there stopped. The liver was slate-coloured, of ordinary bulk, and normal texture. The gall-bladder was healthy, and contained about three teaspoonfuls of orange-coloured bile. The ducts were all pervious. The spleen was not less than one-third larger than usual, but healthy. The pancreas, with its envelopes greatly thickened, formed a mass whose diameter would somewhat exceed that of a large breakfast cup. It adhered to the left supra-renal capsule, but to no other of the adjoining viscera. When cut into, a creamy pus flowed out; and, upon further investigation, the *entire* gland was found to be converted into a cyst, filled with the pus just mentioned, and a few

* Dr Bright mentions three cases in which fatty discharges from the bowels took place, and in which there was found, after death, a scirrhous condition of the pancreas, and a fungous disorganisation of the duodenum.

cheesy masses about the size of a bean.* Remains of septa in the cyst were visible, from which it would seem that the suppurative process was first completed in one portion of the organ, and then in another. The kidneys were healthy; only that part of the left kidney in connexion with the diseased pancreas was red. I had no opportunity of examining the contents of the cyst, nor any part of the diseased structures, with the microscope.

Remarks.—In remarking upon the above case, which is not one of common occurrence,† the most obvious features which strike the eye are the vomiting and wasting, which commenced at an early period of the disease and accompanied it to its close. The absence of pain is also remarkable; and the more so, as it was certain from the physical signs, that the various phenomena which the case presented, were not altogether dependent upon functional derangement of the abdominal viscera. Again, the immunity of the nervous system and integrity of many of the secretions, adds one to the occasional proofs which are afforded to us, of the great extent to which the destruction even of an important organ may go, without compromising any other system than the one immediately concerned. The pulse was increasingly quick throughout, but its acceleration did not seem to depend upon any particular phase of the complaint, but rather on the increasing debility of the patient.

Most writers who have treated of pancreatic disease have admitted the frequency of vomiting,‡ and some have considered it an essential symptom. Morgagni points out how disease of the pancreas may produce vomiting; but, in his third book, he says, "I even confess that this viscus has been found diseased by me and by others without a vomiting being the consequence of it." Dr. Abercrombie inclines to the same opinion, as does also Dr. Claessen of Cologne, who has reported upon 322 cases of disease of the pancreas. Indeed it seems reasonable to suppose, that in many cases of this nature, particularly when the morbid change has not proceeded far, vomiting should not occur as a constant symptom, inasmuch as neither the mechanical nor other condition for producing this effect may exist in the required degree. In cases where obstinate vomiting does occur, where that vomiting has principally, or partly, a mechanical character, and where it can be made out that an enlarged liver or spleen is *not* the exciting cause; further, when the matters rejected are thin, ropy, sour, tasteless or salty, and in considerable quantities; and when these conditions exist with pain, hardness, or tumefaction at the situation of the pancreas, we should then, I conceive, be warranted in setting down the pancreas as the *fons et origo mali.* Wasting, also, has been much insisted on, particularly by Dr. Pemberton, as indicative of pancreatic disease. The record of this case agrees with that opinion, but I should be inclined to modify it generally, upon the same principles which I have assumed as likely to determine vomiting. For instance, in cases when the functions of the stomach, liver, and duodenum, escape the profound alteration which this case shows they sometimes undergo, I should not be prepared to expect a rapid emaciation; and in this view I am borne out by the reports of some of Dr. Abercrombie's cases, where the bodies were found after death to contain much fat.

This question, however, involves another, viz., the extent to which the pancreatic juice is necessary to nutrition. The experiments of M. Bernard have tended to show, that its function is to digest the fatty matters contained in the food, and facilitate their absorption; but the confirmation or disproval of this opinion will rest with the statistics of pancreatic disease. It would seem, then, that we can hardly estimate the value of emaciation, *per se*, as a diagnostic mark of this complaint; but, in conjunction with the other signs enumerated as collectively presumptive of its presence, it becomes significant and valuable. Jaundice has often been found to accompany an abnormal condition of the pancreas, which state may be presumed to influence the liver as it does the stomach, both mechanically and sympathetically. That it acts in the latter way is probable, from the experiments performed by Brunner upon dogs, from which he cut out a portion of the pancreas, and so produced death by bilious vomiting. In this instance, the jaundice was slight, and dependent upon the more or less complete arrest of the flow of bile into the duodenum, yet neither diarrhœa nor obstinate constipation, one or the other of which is stated generally to accompany this disorder, occurred. A very fetid condition of the stools existed throughout, which may probably be assigned to the absence of bile as a chief cause; yet I do not recollect to have ever observed the white evacuations of jaundiced subjects so offensive. Pain is much insisted on by Dr. Claessen as evidence of this disorder, but we have seen that this case forms an exception to his rule. The secretion of the salivary glands, which has been represented as vicarious of that of the pancreas, when the latter has become suppressed, was not affected; and the circulation, which has been usually stated as seldom implicated in the general disorder, was much quickened on this occasion, its excitement being apparently proportional to the duration of the disease.

Before concluding this *résumé*, it may be worth while to speculate for a moment upon the probable programme of the morbid actions, which at length converted the pancreas into a bag of pus. Keeping in mind the previous history of the patient and his habits, and particularly the facts that white stools, and vomiting chiefly in the morning, generally accompanied his annual dyspeptic visitation, we are rather led to conjecture that an enlargement of the pancreas had existed for some years, probably dependent upon, or connected with, a low kind of inflammation; that disturbances of the other viscera, such as usually occur in the autumn, roused the slumbering fire into temporary activity, and each succeeding year with increasing effect; that the habits of the patient, favouring the morbid tendency, prevented a complete, and only permitted an apparent recovery, and that thus the way was paved for the last final effort of the destructive process. If further, we should try to connect that process with the physical signs which furnished so important an aid to the diagnosis, I should be inclined to presume, that an extensive inflammatory swelling of the pancreas took place, as we see to happen to the parotid in mumps, by which the intestines became displaced, and dullness upon percussion resulted. That then this swelling subsided, upon the occurrence of suppuration, *as marked by the first series of rigors reported*, and the process lay dormant for a season, again finally resuming its activity, to become completed almost with the last breath of the sufferer.

It seems strange, that so decided an inflammatory action, as the necropsy gave us the evidence of, should have been unaccompanied by pain. I can only endeavour to account for it upon the supposition, that the inflammation was of a scrofulous nature, and the temperament of the patient sluggish and phlegmatic. This, however, can only be accepted as a partial explanation of a very curious fact in the pathology of this class of complaints.

I shall conclude this case by mentioning a fact which seems to possess some interest in connexion with it. Since the date of the matters here referred to, I have been consulted by a gentleman, aged thirty, of active habits, a first cousin of the deceased, for a deep seated pain felt at the situation of the pancreas, which is neither constant nor periodic, but somewhat capricious in its onset, and apparently uninfluenced by any plan of medical treatment or diet heretofore adopted. It is represented as being of a dull aching character, and is rather relieved by light, but aggravated by heavy pressure. It sometimes changes its situation to a small extent, but not for any length of time. It has occurred on several occasions, lasting from three to six weeks during spring or autumn. It has not been accompanied by any dyspeptic symptom, but seems to stand alone, producing no effect but that arising from the sensation of pain. Here, perhaps, we have a first indication of pancreatic disease, and if so, we may learn that a derangement of its organism, sufficient to produce a tolerably severe pain, may not give rise to any recognisable derangement of its functions, nor to any sympathetic disturbance of adjoining organs.—*London Journal of Medicine, November*, 1850.

* According to Gendrin, in large purulent deposits in the pancreas, the pus has generally been found creamy and inodorous; Portal, on the other hand, states, that in complete suppuration of the pancreas, the pus is sometimes of an intolerable smell, and in very large quantity, amounting to two pounds or upwards. The same authority speaks of such abscesses as occasionally the result of disease of the testicle; and M. Tonellé mentions two cases of puerperal peritonitis, attended with like consequences.

† Among the 322 cases of diseased pancreas recorded by Dr. Claessen, there is not one case of abscess.

‡ The fact of large quantities of watery fluid being vomited, when the pancreas has been found diseased, led to an opinion, at one time generally entertained, that the fluid rejected consisted principally of the secretion of that organ. This idea later writers have held to be incorrect, and have argued that the stomach is the source of the secretion, an opinion which this case puts beyond doubt, as it is certain that, long before death, the pancreas ceased to be a secreting organ.

LXXII.—Well Authenticated Case of Vagitus Uterinus.—Cases of vagitus uterinus are by no means common, and many alleged instances of this kind, reported in medico-legal works, are unworthy of credit. Any authentic or well-observed case is therefore acceptable. The following has been communicated to me by Dr. R. Crothers, of Moy, county Tyrone.

In March, 1841, he observes, I was called upon to attend Mrs. W., in labour of her sixth child; her former labours had been quick. On my arrival I found her suffering from pretty strong pains, and on examination the membranes were tense, and protruding through the os uteri. The labour not progressing so rapidly as I expected, I ruptured the membranes, found the face presenting, and apparently arrested at the brim. I endeavoured

to move it into a more favourable position, when happening to introduce a finger into the child's mouth, I was very much surprised to hear a *distinct cry*, which was repeated two or three times, and so loud as to alarm the mother and attendants. The former was quite frightened, so that I had a good deal of trouble to compose her. I do not now remember if the child cried afterwards, without the fingers being introduced; but several times it did so, and so audibly, that I think the lungs must have been pretty well filled with air. I was obliged to complete the delivery by the forceps. The child is now a fine healthy boy.—*Guy's Hospital Reports.*

LXXIII. Case of Fatal Hæmorrhagic Diathesis following Amenorrhœa. By J. B. Dunlap, M.D., Norristown.—A young lady, 22 years of age, who had suffered for twelve months, from more or less continuous pain in the right hypochondrium, with considerable irregularity in her menstrual discharge, became completely jaundiced, and the catamenia entirely suppressed. A few weeks thereafter, she was attacked with severe pains across the loins, nausea, and a profuse discharge of blood from the mouth, which, in spite of the remedies employed, continued for five days, and then suddenly ceased. She remained in tolerable health in the interval; but the hæmorrhage again returned at the end of four weeks, and ran exactly the same course. This continued for five or six periods. The quantity of blood lost each time, was about six quarts.

Dr. Dunlap, who was only called to attend the young lady during the last two attacks, says, "Upon opening the patient's mouth, I saw distinctly the blood oozing from the gums, in front of, and behind the teeth, and as far back as the first molars, beyond which, I am certain that no blood proceeded. On wiping it off the gums, the blood, in an instant, would again swelter out, covering them completely, and by making pressure on them, blood could be forced out in increased quantities." Dr. Dunlap was endeavouring to restore the catamenia, and correct, if possible, the derangement of the liver, when, unfortunately, he says, "during my absence, on account of the severe pain in her side, and by the advice of a meddlesome friend, she sent for a cupper, who applied some half-dozen cups to the right hypochondrium,—the consequence of which was, that the bleeding from the gums entirely ceased; but it was found impossible, by any means, to arrest the hæmorrhage from the scarifications. She soon became pulseless, and in less than six hours, died."

On examination after death, the various organs were found in their normal condition. In the gall bladder were found seven calculi, each about the size of a hazel nut, of an octangular form. —*New York Journal of Medicine, May*, 1850.—*Monthly Journal.*

LXXIV.—Substitute for Cod Liver Oil.—The high price of this drug, and its very questionable purity in many cases, render any suggestion of another agent as efficacious worthy of attention. The following is extracted from an article by Dr. Duncan and Mr. Nunn, of the Colchester Hospital:—

"We have already subscribed to that opinion which denies the specific agency of the oleum jecoris aselli in tuberculous and like diseases, and attributes the benefit conferred to its influence on the assimilative processes. We have prescribed the cod-liver oil with great success, both in hospital and in general practice, and consider that its only drawbacks are its nauseous flavour and high price. In June last we agreed to prescribe a vegetable oil instead of the oleum jecoris; and our experience is highly favourable to the therapeutical virtues of the oleum amygdalæ. We have reason to declare that the almond oil and the cod-liver oil act precisely in the same manner; and the first-mentioned oil has anything but a disagreeable taste, and can be obtained for at least one-third of the price of the best cod-liver oil. Our experience of the beneficial effects of almond oil has been derived from upwards of two hundred and fifty well-observed cases; in no one case has it purged, and the contrary effect is very frequently produced. We are in the habit of prescribing the oil without any adjunct, at first in one-drachm doses, half-an-hour after every meal. The dose is gradually increased. A drop of eau de Cologne, or of some essential oil, renders the 'neat' oil anything but disagreeable to the taste. It is an excellent vehicle for the exhibition of iodine in small doses, the latter being rubbed down with a small quantity of olive oil, and then added to a larger amount of almond oil. The following formula has been of great use in several cases of syphilitic diseases of the bones and skin, in broken-down constitutions, in chronic pleurisy, and in many cases of chronic enlargement of the glands of the neck:—℞. Olei amygdalæ, ℥ss; olei olivæ, ʒ ij: iodinii, gr. ½. M. A third part to be taken three times a day. The influence of half-an-ounce of this oil of almonds, taken daily, upon the weight of some patients progressing in health under its exhibition, is very remarkable. In one case there was a weekly increase of 2lbs., and in another of 4lbs. Care must be taken to attend to the biliary secretion during the exhibition of the oil, which is contra-indicated when there are evidences of local congestion, or of inflammation.—*Prov. Jour.*

LXXV. Labour, with almost complete closure of the Vagina.—Case reported by Dr. Putnam.—A healthy woman, aged thirty, was married at seventeen, never having menstruated. Two years after marriage had a swelling in the vagina, which was punctured by a surgeon, and a quantity of tarry-looking fluid discharged.

About two years ago, a large "lump" formed in the abdomen, causing an enlargement as at the sixth month of pregnancy. There were also headache, constant flush of the face, and dysuria. This enlargement had lasted six months, when she began to discharge from the vagina a thick, dark-coloured fluid resembling that evacuated ten years before. Within a week, the abdomen was reduced to the natural size, the discharge continued for three weeks, and afterward she menstruated regularly until she became pregnant.

On the access of labour there was found an obstruction in the vagina, and on the 10th I was asked to see her. She had been for some hours in active labour. On examination, the vagina, within an inch of the external organs, was closed by a strong, somewhat yielding membrane. No perforation could be detected, though sought for. We decided to do nothing, but await the progress of the labour.

In four hours violent pains came on; the septum was distended, and protruded beyond the external organs. Under this tension three small holes were visible, just sufficient to admit the head of a probe, and about one-fourth of an inch apart. A bistoury was then introduced, and the three holes laid into one. The thickness of the septum was found to be about two lines. A gush of liquor amnii succeeded, and in half an hour the head came down, and the child was born living.

Coition had from the first been painful, and for the last two years excessively so. The husband had not been aware of any impediment until within the last two years. I presume, however, that the malformation was congenital.—*Am. Journ. of Med. Sci.*

TO CORRESPONDENTS.

We thank Dr. B. for his remarks on our review of Dr. Burnett's work in our last number; there is certainly no reason against, and very great reason for, the introduction of theological subjects into the pages of a Medical Journal, when they have a direct bearing upon the philosophy and morals of the professional community and the doctrine of medicine; at the same time, we can only entertain them upon fitting occasions, such as the publication of a work like Dr. Burnett's, combining philosophy, theology, and medicine, by one of our own body.

Zeta's communication on the same subject cannot be inserted; the lines quoted are not altogether original, however pleasingly they convey the sublime sentiment. They are quoted under an old print of Galen contemplating a skeleton in one of his botanical excursions:—

"No more the unguided botanist remains
In paths erroneous he had blindly trod,
But views the truth this spectacle contains
And looks through Nature up to Nature's God."

The compliment paid by Mr. S. on the medical and legal talent displayed in our last number is acknowledged.

Letters and Communications have been received from William Hughes, Esq., Llanrwst; Brewster Thomas Seabrooke, Esq., Brighton; Peter Evershed, Esq., Billingshurst; John Lawton, Esq., Chiddingfold; Henry Harris. Esq., Reigate; James Remington Stedman, Esq., Guildford, with thanks for his relation of cases; Dr. Sutro, Broad-street-buildings; William Wood, Esq., Edinburgh; D. A. Davies, Esq., Llanelly; Francis Davies, Esq., Pershore; Dr. D'Alquen; Dr. Patrick Brown, Leamington, to whom we are very much obliged for his criticism; Dr. Burnett, Alton; John Wildash, Esq., Wye; and James Fisher, Esq., Aspall Moor.

Dr. Barker, of Bedford; Dr. De Berdt Hovell, Clapton.

D. R. has received attention.

Amicus Veritatis, whose esteemed communication will appear in our pages, and from whom we shall be happy to hear again.

Robert Dunn, Esq. is thanked for a little pamphlet, which shall be returned.

To the Editor of 'The Institute.'

Sir,—The Editor of the 'Medical Times,' in a humble note, foisted in among his "Notices to Correspondents," observes that a paper in your seventh number, at page 125, has given him great disgust by its evident intention to set one class of medical practitioners against another. As I am by nature rather fond of what our transatlantic brethren term a "shindy," I turned with fond anticipation to the article in question, but found myself grievously disappointed, since not a trace of such a design could I discover; nor even an inadvertent expression affording a ray of hope of war, not a peg to hang a quarrel upon for the most belligerent of our touchy craft. That your critic may have felt disgust at the unvarnished tales there delivered, I can well conceive, but he has evidently mistaken its cause and object; unless, indeed, habit has enabled him to regard unfounded pretensions, presumption of superiority of the imperfectly educated, and the complicity of bodies of men who claim our respect in what looks marvellously like fraud, *without* "disgust!!" That such, alas! may probably be the tone of mind of the Editor of the 'Medical Times,' must, we fear, be inferred by every man who remembers the career of that paper, from its origin as the advocate of that wretched fraud, Mesmerism, to its present unhappy position as puffer in general to a bookseller. Pursue, Sir, your vocation, and you will extricate us as an honourable profession from the mire into which unfaithful co-operations and servile journals have unhappily plunged us, and where, if they could, they would for ever keep us floundering. Your humble servant, M. D.

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The *Council of the National Institute*, anxious to extend a knowledge of its Principles, so far as they relate to the public interests and those of the great body of the Profession, desire to state, that it is established with a view to obtain, upon the principle of reciprocity, the Incorporation of the General Practitioners of England and Wales, and to form, irrespectively of the special Colleges, an Institution comprising within itself the entire range of Medical and Surgical knowledge;—also, to sustain the status of this class of practitioners, by requiring of the candidates for its diploma, a satisfactory test by efficient examinations as to their qualification to practise Medicine, Surgery, and Midwifery,—and to correct those social and political grievances existing in the Profession, which the present Medical Institutions, from their special character and the absence of all intercourse with their members, are totally unable to accomplish.

The Council, in thus calling attention to the principles advocated by the National Institute, cannot refrain from expressing a belief that the present unsatisfactory state of the Profession, and the evils by which it is surrounded, are in a great measure to be attributed to the Medical Institutions of the country, being incompatible with the welfare and social interests of the Profession, and the scientific principles upon which the practice of Medicine ought to be based.

The Council of the Institute have been long sensible of the evils alluded to and being confident that they are daily increasing, and that the Profession is now suffering, more than at any former period, from the inconsistent and anomalous state of the laws by which it is governed, have, with the view to remedy the grievances complained of, presented to the House of Commons, through James Wyld, Esq., and Colonel Thompson, a Bill for the Independent Incorporation of the General Practitioners, and to which the attention of the Profession is now specially directed. The Council of the National Institute trust that their professional brethren, in discussing the question of Medical Reform, will not allow petty considerations to interfere with a liberal and comprehensive view of the subject; but that they will be convinced of the necessity of acting upon the principle of reciprocity in any attempt that may be made to effect a satisfactory re-organization of the Profession, the propriety of which is evidenced in the letter of Sir George Grey to the Council of the College of Surgeons, dated June 12th, 1850.

That as the introduction of the Bill into Parliament, and the means necessary to be adopted by the Council to facilitate its future progress, will be attended with considerable expense, the Council hope that all who advocate the Incorporation of the General Practitioners will contribute in aid of the object contemplated.

By order of the Council,

HERBERT WILLIAMS, Secretary, *pro. tem.*

Office, 4, Hanover-square, Oct. 1st, 1850.

Subscriptions of any amount may be forwarded by post-office orders o otherwise, either to Edward Tegart, Esq., or John Dodd, Esq., Treasurers, or if by post-office order, made payable at the post-office, Old Cavendish-street.

THE NATIONAL INSTITUTE OF MEDICINE, SURGERY, AND MIDWIFERY.—Notice is hereby given, that the Adjourned General Meeting of the Members will be held at the Hanover-square Rooms, on Wednesday, the 11th of December next, at 4 o'clock p.m. precisely, to receive a Report from the Council on the Bill introduced during the last Session of Parliament for the Incorporation of the General Practitioners, and for determining on the best course to be pursued during the ensuing Session, and for other business.

By order of the Committee,

HERBERT WILLIAMS,

4, Hanover-square, Nov. 26th, 1850. Secretary, pro. tem.

THE BAEL, BEL, OR BELA.—MR. POUND begs to inform the Profession, that (from the great success with which the Bael has been administered in cases of dysentery, diarrhœa, and irritation of the mucous membrane of the stomach and bowels, since its introduction into this country) he has made arrangements for a continuous and constant supply, and at the present time is in a position to execute all orders for it forwarded to his Dispensing Establishment, 198, Oxford-street, London.

The preparations of the Bael in use are, the Decoction, Extract, Wine, and Powder.

KOUSSO.—Mr. P. expects in a few weeks to have a supply of this valuable medicine, direct from its native soil.

THE ONLY STOVE WITHOUT A FLUE.—JOYCE'S PATENT.—Swan Nash, sole proprietor, begs respectfully to give notice, that he has Re-opened his City Establishment, at 119, Newgate-street, for the sale of the above stoves and fuel for warming halls, staircases, passages, greenhouses, harness rooms, carriages, &c., from 18s. each and upwards; prepared fuel, 2s. 6d. per bushel. This apparatus does not emit either smell or smoke, is perfectly portable, and will continue burning for twelve hours or more with once feeding. May be seen in use also at the Proprietor's, Swan Nash, furnishing ironmonger, &c., 253, Oxford-street, where a large and elegant assortment of all kinds of stoves, fenders, &c., is on view.

Printed by SYDNEY HEDLEY WATERLOW, of Gloster-terrace, Hoxton, in the county of Middlesex, at the printing-office of Messrs. WATERLOW and SONS, 66, London Wall, in the city of London, and published by GEORGE LUXFORD, at the Office, East Temple Chambers, Whitefriars-street, in the precinct of Whitefriars, in the city of London.—Saturday, November 30th, 1850.

THE INSTITUTE.

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THE INSTITUTE is established by a Proprietary, for the purpose of promoting the *Science* and *Practice of Medicine* on the principle of the Scientific, Educational and Practical UNITY of all its branches. Its objects are:—

1. To supply to every individual engaged in practice, on the principle that Medicine and Surgery are indivisible, all the discoveries and improvements in science and practice as they are day by day developed either at home or abroad.

2. To furnish the profession generally throughout the country with the pages of a journal at their command for the purpose of recording and discussing facts and principles the result of observation and experience, and for that interchange of opinion which has been found so conducive to the advancement of Medical as of all other learning.

3. To provide that numerous and highly important section of the profession who practise Medicine, Surgery and Midwifery as one science, as also those individuals who, although practising particular branches, still admit the unity of medical science, with a journal which may be depended upon for a truthful reprint or a faithful account of all proceedings in parliament or elsewhere, and of all documents, whencesoever they may issue, affecting the interests of Medicine; and to furnish a clear, deliberate, and impartial statement and commentary on every step that may be taken, or measure that may be proposed, with or without authority, for a change in the Medical Institutions or the Medical Polity of the United Kingdom.

4. To advocate, and to aid by every legitimate means in enforcing a REFORM OF THE MEDICAL PROFESSION—Educational Reform—Ethical Reform—Reform in the mode of conducting Practice—Remunerative Reform—Protective Reform—Legislative Reform.

5. To secure the full representation in the legislature of those medical professional questions which affect the public welfare.

6. To promote those great PUBLIC INTERESTS connected with Medical Science and Practice, which are so completely dependent upon the individual and general competency and complete efficiency of the members of the Medical Profession.

To be more explicit, the principles of the Journal are:—

I. As medicine is legitimately practised on the basis of its unity as a science, every attempt to discourage the full and complete operation of this principle, or to disparage and injure those practitioners of the healing art who practise generally, ought to be exposed and counteracted.

II. The exposure and discouragement, by all practical means, of illegal, unqualified, and empirical practice, and the employment of every effort to obtain an efficient penal enactment against unqualified and illegal practitioners.

III. The necessity of a high standard of education and qualification, with sufficient tests, by full, fair, and complete public examinations of every individual, to be authorized by law to practise Medicine, Surgery, and Midwifery.

IV. Reciprocity of practice, based upon a uniformly high standard of qualification, for all the members of the profession of the United Kingdom.

V. The policy and absolute necessity of granting to the General Practitioners of this country, CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

VI. The propriety of merging the *present* class of Apothecaries into the general professional body, with equal rights and privileges; and, under a *new* system, to provide that every future medical practitioner be completely educated in the principles of MEDICINE in the most comprehensive sense, comprising the principles of *Medicine*, *Surgery*, and *Midwifery*.

VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity for a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

Gentlemen of the Medical Profession throughout the country, favourable to the above principles, will oblige by forwarding cases, essays, commentaries and other communications suited for the pages of a Weekly Journal, as one of the means of support to 'The Institute,' and of securing the advocacy of the interests at stake before the Profession, the Government, the Legislature, and the Public.

The same kind of support is confidently anticipated from the medical officers of the army and navy and East India service, surgeons in mining and manufacturing districts, and the medical officers of poor-law unions, all of whom are general practitioners of medicine and surgery

The Journal will be published weekly, price 6*d.*; and will be rendered a full and perfect Repository of all contemporaneous Medical and Surgical knowledge.

This journal may be obtained by booksellers' parcels; from the newsmen, by post, or directly from the office of publication, in which latter case pre-payment will be required.

Communications and advertisements to be addressed to "The Editors, at the Office of Publication, 3, East Temple Chambers, Whitefriars Street, Fleet Street, London."

Quarterly Subscriptions, by prepayment, Six Shillings. If by post-office order, the same to be made payable to Mr. George Luxford, at the General Post Office.

THE LONDON AND PROVINCIAL

MEDICAL PROTECTION & BENEVOLENT SOCIETY

43, LINCOLN'S INN FIELDS,

LONDON.

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The objects of this Society are

1. To give a higher tone to the public mind, without compromising the honour, standing, or liberal character of the profession. To secure the more regular payment for professional services from that large class of society who possess the means, but not the disposition to remunerate Medical Men, is part of the mission of this Society; the moral power of which, with the combined systematic and persevering efforts of respectable agents, will make its influence universal, and, it is believed, will accomplish this great end, and secure to the profession a just reward for much unrequited toil, and for real benefits conferred on suffering humanity. The want of such an Institution as the one now established tends to degrade the profession and to keep numbers in poverty who actually earn sufficient, not only for a respectable subsistence during life, but also for a provision against the destitution and suffering which are too often the lot of those they leave behind.

2. To establish a fund to be devoted to the erection and support of a College for the education of Sons and Orphans of Medical Men, and for the reception of distressed Members of the Medical Profession, or their Widows. The benevolent object of this Society will be attained by appropriating voluntary subscriptions from members, donations of their more affluent brethren, the aid of the wealthy and benevolent of all classes of the community, as well as the future profits accruing from the general operation of the Society, to that purpose. All sums subscribed will immediately be invested in the names of Trustees in the Government funds.

Particulars to be obtained from the Secretary.

No unqualified person can be admitted a member.

Annual subscription One Guinea, which constitutes a member, and entitles to all the benefit of the Society and Benevolent Fund.

The present important and comprehensive plan of practical benevolence having originated with the General Practitioners, it is hoped, nay, confidently anticipated, that the Committee will shortly be enabled to announce such a list of contributors as will convince the public generally of their devotion to a good cause, and heartfelt sympathy with their less fortunate brethren.

The plans and estimates of the intended College will soon be published.

ORIGINAL COMMUNICATIONS.

CASES FROM THE NOTE BOOK OF A GENERAL PRACTITIONER.

By GEORGE JAMES SQUIBB, Esq.

TWO REMARKABLE CASES OF RUPTURED UTERUS.

This formidable accident happily occurs but seldom. I have therefore thought it advisable to record the following, which came under my notice:—

Case 1.—I was requested by the late Mrs. Cobb, a very intelligent and experienced midwife, to see a poor woman, residing in Callmell Buildings, under the following circumstances. She had been delivered of a still-born child, after a most protracted and severe labour, and was unconscious at the moment of the birth of the child; the placenta was expelled soon after; some considerable hæmorrhage followed; but no particular symptoms induced alarm in the mind of the midwife till the 10th day, when profuse hæmorrhage occurred and continued at intervals. For a time the uterus would contract and remain so, then again the flooding recurred, and despite all the measures adopted, pressure, cold, &c., she gradually sank in about five days, or rather more than a fortnight after the birth of the child. At one time she appeared to have rallied considerably; but she was in the most wretched state of destitution, and without, I fear, any judicious nursing. On examination after death, there was discovered a considerable rupture on the anterior and superior portion of the uterus, near the cervix uteri. This was not a *recent* laceration; but had most probably occurred at the time of labour. Besides the rupture of the uterus, a considerable abscess was discovered at the upper part of the vagina, near the os uteri, with some ulcerations also. The psoas muscle was nearly all destroyed.

This case was mentioned to me by a late eminent Professor of Midwifery, and I believe has never been published:—

Case 2.—A poor woman was admitted into the Infirmary of Glasgow, for what was considered to be dropsy. She was one day seized with a very violent pain, which lasted some time, and was considered to be colic; after a time the pain ceased, and she was in a condition to leave the infirmary; but still she was of the same size. Twenty-five years afterwards, Dr. Jeffray, of Glasgow, who had, when a pupil at the infirmary, attended her, was requested to go to Dumbarton, to open her body by her own desire. She had left a paper saying she had always been the same size, but did not mention whether she thought she was pregnant or not. On opening the body, Dr. Jeffray came to a large globular tumour; on laying open which, he found a fœtus of the full growth embedded in a soft caseous matter, about half-an-inch thick. This woman had been pregnant; and what was considered colic, had been labour pains, during which the child was expelled into the abdomen, the uterus being *ruptured;* and here it had remained twenty-five years without inconvenience.

CASE OF ATROPHY OF THE HEART.

This obscure state of disease is well described in the following extract from Dr. Watson's excellent Lectures:—

"There are two forms of atrophy of the heart: one well known, in which the organ simply wastes and dwindles in all its parts and dimensions during the course of some wasting disorder: the other, new to pathology, as yet but imperfectly understood, in which the texture of the muscle degenerates also and suffers a sort of conversion into fat. It is not that the heart is encumbered by an excessive accumulation of adipose matter upon its exterior, dipping down among, displacing and thinning probably its muscular fibres. That morbid state of the organ is common enough. The change to which I now advert, and which has been described by Rokitanski, and illustrated by Mr. Paget, depends not upon any deposit among the fasciculi, but upon some alteration of their proper tissue. There is no increase in the quantity of fat natural to the furrows and depressions on the outside of the heart. 'The whole of the organ' (I adopt Mr. Paget's description) 'preserves its customary size, shape, and general external appearance, but it feels doughy, inelastic, unresisting, and may be moulded and doubled up like a heart beginning to decompose after death. It seems never to have been in a state of rigor mortis.' In colour it has not on its surface, much less on its section, the full ruddy brown of healthy heart, a colour approaching that of the strong voluntary muscle, but it is for the most part of a duller dirtier lighter brown, in some parts gradually blending with irregular marks or blotches of a pale fawn colour.

"Microscopic observation reveals the nature of the changes, and exhibits a number of minute oil particles scattered more or less thickly through the muscular fibre. The muscle thus spoiled retains no longer its proper power, and the functions of the organ are defeated.

"Of death occurring apparently through this fatty degeneration of the heart—a state which might easily escape the notice of any but a careful and practised examiner, Mr. Paget details three very interesting examples. They have recalled to my mind one or two instances that I have witnessed of sudden and fatal failure of the circulation under very similar circumstances. They were perplexingly obscure at the time, but Mr. Paget's remarks elucidate what I now believe to have been their real pathology. 'The principal character (he says) which all these cases seem to present is, that they who labour under this disease are fit enough for all the ordinary events of calm and quiet life, but are wholly unable to resist the storm of a sickness, an accident, or an operation.' "—*Dr. Watson's Lectures, 3rd ed., vol.* ii., *p.* 250.

Case 3.—F. C., Esq., ætat —, of a stout and apparently robust form, and active and regular habits, had enjoyed perfect health, when he had occasion in August last, to go into the country, and was exposed to cold and fatigue, in his occupation as architect and surveyor. Whilst absent, he was seized with what was considered by the medical attendant as a severe bilious attack, with congestion of the liver; for this he was freely purged, and expressed himself relieved: still, he felt indisposed, with considerable *malaise* and debility, but no particular pain or distress. Upon his return to town, on the 19th Sept., I was requested to see him, and found him cheerful and making no further complaint than that he felt extremely weak, and occasionally had a sensation of anxiety and sinking on the præcordial region; the pulse was feeble and occasionally intermittent; tongue slightly furred; skin cool. For these symptoms, I prescribed a mild mercurial alterative pill every second night, with a stomachic tonic mixture; rest in the recumbent posture, and abstinence from all occupation. He appeared to rally for a time under this plan of treatment, but again much debility supervened, the intermittent pulse continuing. I had prescribed a more generous diet, with wine and stimulants. Upon a careful examination, I gave it as my opinion that there was no positive or organic disease of the heart, but that it was probably a weak and flabby organ, with some degree of hypertrophy. He had been ill for nearly three weeks, when he became apparently improved. The pulse lost the intermittent beat, and, for three days, I flattered myself he was really improving. I had seen him as usual on the ——, and found no reason to alter my opinion; he had heard that morning of his appointment to a public office, which gave him great pleasure, and in answer to my inquiry said, "he was much better:" at twelve o'clock that night I was summoned in extreme haste, and upon arriving at his house, with the utmost speed, *I found him quite dead.* I learnt that he had continued to feel—to use his own expression—"comfortable," throughout the day; had taken his pills at ten o'clock, when just as his wife came into the room, he expressed a desire to get out of bed, attempted to do so, fell across the bed, and expired *immediately.*

The succeeding day I examined the body with Mr. Buckland, of St. George's Hospital, the result of the *post-mortem* examination was, that we found "A weak, flabby state of the heart, the walls of the auricles were *particularly* thin, so much so, that it was with difficulty we could prevent their being torn; but no specific disease could be detected, either in the valves or the substance of the heart itself.

STRICTURE OF THE PYLORUS CAUSED BY GALL STONE.

Case 4.—T. S. aged —, a man of active habits, and who had carried on an extensive business as job-master for many years, in the month of July felt himself indisposed; he made, however, no particular complaint, nor did he seek for medical assistance, but determined upon trying the effects of his native air, being, as he termed it, "out of condition." He had scarcely arrived in Suffolk, when he was seized with violent sickness. There had been no previous pain, but an uneasiness at the scrobiculo cordis; no jaundice; the sickness did not distress him much, and appeared, by the account, to be indigested food and some glairy mucus. This continued at intervals for some weeks; but he felt so little other inconvenience that he did not call in any medical man; it had become somewhat lessened, when he was induced to eat three plums. Soon after this the sickness returned with renewed violence; still no jaundice or other pressing symptoms. He now returned to town, and I saw him on the 25th of August. He was not much emaciated, although thinner; made no particular complaint, but the sickness continued, soon after partaking of any nutriment; there was no distressing retching, the contents of the stomach were *pumped* up, and then he experienced relief; no pain upon pressure, no vomiting of blood or mucus. It was considered that he was suffering from disease of the pylorus; and various remedies were tried, but without benefit. On the 25th of

August, he became much worse, and took to his bed. At this time Dr. Bright was consulted, who considered it to be pyloric disease; the sickness continued unabated, and accompanied with intense thirst, which nothing alleviated but ice, and which, in some degree, also appeared to control the sickness for a time. He became gradually weaker, but still complained of no pain; nor did he become so much emaciated as might have been expected; but gradually sank, and died on the 7th November.

Post-Mortem Examination—On opening the abdomen, the omentum was at once seen adhering to the left lobe of the liver, extending from the suspensory ligament for a space of about 2½ inches along its free margin. The adhesion was firm, somewhat puckered on its external surface. There were no shreds of lymph, or traces of recent inflammatory action. The liver, stomach, and a portion of the small intestine were removed together. The stomach was slit up with a pair of scissors (along its lesser curvature), and found healthy; it contained three stones, besides several grape-seeds; but the pylorus was so much contracted, that the little finger could not be passed. On introducing a probe, a something was felt which gave much the same sensation as a calculus in the bladder. On carefully dividing the strictured portion, a small cavity was found containing a calculus; the mucous membrane lining it very dark—almost black; no outlet could be detected. The intestines below the stricture were perfectly healthy. The liver was, perhaps, slightly smaller than usual; pancreas and other organs healthy. Calculus weighed 15 gr.; on dividing it, found to be a very pure specimen of cholesterine.

Case 5.—Apoplexy with effusion Sanguineous—*Post-mortem*.—Clara Willis, 5, Robert-street, Grosvenor-square, aged 66, a short fat woman, suddenly fell down in a fit whilst walking along Oxford-street, about half-past eleven a.m., on Tuesday, October 22nd, 1850. She was conveyed home, and laid on her bed, when a medical man, who happened to be present at the time she fell, hearing from her friends that the previous night she had been out to supper, when she had eaten heartily (of baked mutton and potatoes, drinking same porter with hot brandy and water), gave her an emetic of ipecacuanha.

On reaching the house, about half-past twelve, I found her lying on her bed, totally unconscious; pupils very much contracted; pulse 62, hard; face pale; breathing stertorous, with the peculiar puffing expiration of apoplexy; grinding of the teeth; convulsive twitching of right side of face, and, in fact, of the whole body, more especially of the left arm, over which she had apparently some command; the veins on the forehead perhaps a little more prominent than usual; was sick from time to time.

C. c. nuchæ ad ℥vii.

℞ Pulv. Sacchari,
Hydrarg. chloridi, ana gr. v. *stat.*

and a powder of Calomel,
Sacchari, ana gr. ii. 4tis horis.

Cold to be applied to the head, which is well raised by pillows; mustard poultices to the calves of the legs. The pulse increased in frequency some eight or nine beats after the cupping; otherwise just the same.

8 p.m. Much the same; pulse 70; has passed urine involuntarily.

Emp. Lyttæ nuchæ, cerat. cetacei;

℞ Ol. tiglii, m. i.
Pulv. tragacanth ℥i.

Pulv. to be put on the tongue; mustard poultices to thighs.

22nd, a.m. Blister has risen but slightly; bowels not open; pulse same. The powders have not been given, for as soon as put on her tongue the puffing expiration and inability to swallow causes them to run out.

℞ Ol. terebinth. ℥ss.
Conf. rutæ ℥ss.
Aquæ tepid. ℥vi.

To be mixed with half a pint of hot gruel and injected.

7 p.m. Still same. Pulse 78; eyes somewhat sunken, pupils still contracted; a sweat has broken out on the palms of the hands and face; bowels not open.

℞ Ol. terebinth, ℥ss.
Tr. aloes ℥ss.
Aq. q. s., to be used as before.

Hair all to be cut off, and a large blister applied to the scalp.

Died 9 a.m., 24th of October, Thursday.

The blister did not rise in the least; bowels not relieved.

Post Mortem.—Twenty-four hours after death, by my partner, Mr. Wratislaw. Body short, and very fat; as for neck, scarcely any; face natural; pupils not so much contracted; on dividing the scalp, there was not so much oozing as is usual. Dura mater strongly adherent in parts to the calvarium; the vessels of dura mater stand out very much, rendering it very blue as also the various sinuses, so that they are easily traced; on dividing the dura mater, some bloody serum escaped. General congestion of the vessels, and at a point corresponding pretty nearly to the junction of the two anterior superior angles of the parietal bones with the frontal, effusion of blood has taken place to the extent of an ounce and a half, gluing the two anterior lobes together for about two inches; the blood extends downwards to the base of the brain, and also along both the fissures of Sylvius for some little distance, but more especially along the left. The lateral ventricles each contained about an ounce of bloody serum, this again being in larger quantity in the left ventricle. At a point corresponding nearly to the meatus auditorius internus of left side, another slight effusion, or, more properly speaking, discolouration had taken place. The puncta did not appear so numerous as usual; brain itself firm and healthy; cerebellum the same. No other organ examined.

ON CERTAIN DISORDERS OF THE LIVER: THE USE OF SOME NEW REMEDIES IN THEIR TREATMENT.

By JOHN GARDNER, M.D., F.C.S.

The microscope, together with recent researches in organic chemistry, have given a new direction, and increased importance to our views respecting the liver, and its secretions, and their exact relation to the entire animal economy. We are now pretty well acquainted with the structure of this organ, and consequently, are able distinctly to pronounce the existence of structural disease when we examine a liver after death. It is true, we are not yet sufficiently versed in the pathology of the liver to delineate the disordered, as we can the healthy state of the organ, nor can we always explain the physical appearances which are most obvious to the eye. Moreover, we are now, by the aid of chemistry, well informed respecting the composition and uses of the bile; and, in fact, these subsidiary sciences, are as capable of elucidating the disorders of the liver, as of any other organ.

But if we inquire what has been of late years accomplished towards facilitating our understanding the numerous disorders of the liver *during life*, and which are daily met with in *ordinary practice*, whether any diagnostic symptoms, unknown formerly, or any more efficient remedies have been ascertained, we fear it must be admitted that these two points of really practical medicine have received little help from anatomy, or chemistry. When the art of healing depended solely upon minute observations of symptoms during life, and empirical experience of the effects of remedial agents, the liver engaged much more attention. Fashion, which for many years past has exalted morbid anatomy to an undue preference, has, in a measure, dismissed the liver from consideration: very few books have been written on the diseases of this organ, that of Dr. Budd is, on every account, the one most worthy of notice. In the introduction to that work, we find the following remarks:—

"The scientific precision lately given to our knowledge of many other diseases by the employment of new methods of investigation, has created a demand for more exact information in every branch of medical inquiry; than pathologists have been able to communicate on diseases of the liver; the unsatisfactory state of our knowledge of these diseases will scarcely be wondered at, if we reflect that many causes have conspired to render the study of them peculiarly difficult. One of the most important, perhaps, is that the colour and texture of the liver are such as to make it difficult, with the imperfect means of research hitherto employed, to detect and define in the dead body the various effects of disease, unless where this has gone on to disorganization or complete change of structure. In an organ whose texture is spongy, as the lung, disease produces such striking changes, that we can at once distinguish their different forms, and thus learn to connect them with symptoms observed during life; but in organs naturally solid, and also nearly of the colour of blood, as the liver and the kidney, these changes, and especially the traces of the various kinds of congestion and inflammation, are far less obvious, and to detect and discriminate them, requires a knowledge of intimate structure which has only lately been obtained, and even with that knowledge, a very close and minute inspection.

In the case of the kidney, the impediment which these conditions offer to the morbid anatomist is well illustrated by the fact, that a disease so common and so fatal as granular degeneration of this organ, and signalised during life by such marked symptoms as general dropsy, and albumenous urine, has been left to immortalise by its discovery the name of a living physician, and that, even now, notwithstanding the interest it has excited for seventeen

years (1845), and the attention given to it by the best anatomists of this and other countries, the real nature of the morbid change in which it essentially consists, is a matter of doubt." . . . . The writer then proceeds to contrast the case of the lungs and heart, and says, "We can obtain but little direct evidence of the physical condition of the liver during life;" "we may explore the liver by touch and by percussion, but we cannot by these means penetrate its surface, and discover changes in its consistence and texture." "To detect and distinguish the diseases of the liver, practitioners have little more than the signs of functional disturbance—signs, in all cases, of doubtful import, and here, if we except that of jaundice, more than commonly obscure and equivocal."

I make no apology for these quotations, because they strikingly illustrate a capital defect, as I conceive, in modern medicine, namely, the relaxation of that close, and minute observation of symptoms, and the effects of remedies, which characterised the proceedings of the old physicians, under the hope of substituting more scientific methods of research, before the latter have become sufficiently advanced to justify our exclusive reliance upon them. In the face of prevailing notions, one is almost afraid to avow the opinion, that morbid anatomy certainly has a tendency to discourage the hope of finding remedies for many forms of disease it reveals to us. At any rate, if new remedies have found their way into practice, they have been introduced entirely on empirical grounds.

If, in the case of the kidney, neither a satisfactory explanation, nor a means of remedying a diseased texture, which is easily discovered by symptoms during life, and instantly detected after death, can be found after twenty years, does not this afford a most conclusive proof that morbid anatomy, as an adjunct to practical medicine, is greatly over-rated?

Dr. Budd adds the remark, that "very recently two of the impediments to the study of diseases of the liver, have been in some degree removed . . . . . we have obtained more precise knowledge of the composition and uses of the bile . . . . . and we have been taught the intimate structure of the organ, so that now, by the naked eye, or the microscope, we can distinguish the various changes of texture produced by disease."

Let me here be distinctly understood—I have no intention to disparage the work of Dr. Budd. I fully appreciate its merits, which are of the highest order; but I conceive it to be of paramount importance to the cause of practical medicine, to remark upon it, that very little use is made of the researches of chemists, by means of which the first impediment to a scientific study of the diseases of the liver are alleged to have been removed; but it is chiefly to the morbid anatomy of the organ that the author's attention is directed. On its first perusal, I wrote the following note; and the criticism is fully justified upon more mature examination:—"This work is in conformity with the fashion, mainly occupied with those structural diseases which present after death, visible disorganisation; consequently its illustrations are drawn chiefly from rare cases found in hospitals, amongst patients of the lower classes, who have been exposed to the influence of tropical climates, and intemperate habits, whilst those numerous and multiform disturbances of the function of the liver, daily met with in private practice among the middle, and upper classes of society, it touches upon very slightly, or altogether disregards. If there were no other way of arriving at safe and certain conclusions respecting disease, and the way of treating it, than by dissecting our patients after death,—if a mere natural history of the results of disease, when it has triumphed over all our remedies, be all that is sought or desired, we need scarcely look further; but we search the treatise in question in vain for guidance, to distinguish disorders of the liver at their commencement, from disturbances of other organs (*ex. gr.*, the stomach, and duodenem), or for any new remedies wherewith to meet and counteract the diseases it describes."

I hold that it is a grievous error to pronounce any form of disease incurable, and thus "to enact a law of neglect, and exempt ignorance from discredit." The most that we should say even of cancer is, that at present we know no cure for it.

In order to erect our pathology and practice upon a more scientific basis, it seems to me that it is chiefly to organic chemistry we must have recourse; but to this end the researches of organic chemistry require to be carried on by persons practically acquainted with medicine, far more than at present. It is true there are some investigations closely connected with our subject (disorders of the liver), as much adapted to the study of the pure scientific chemist as any subject whatever. To pure chemists we are indebted for most extensive labours to determine the nature of the bile, and its uses in the animal economy, and what is equally important, the decomposition it undergoes out of the body. Indeed, the researches of Liebeg, Kemp, Strecker, Dumarcay, Redtenbacher, and others, seem to have determined, unequivocally that bile is a compound of a very complex organic acid, with soda. In fact, it is found to be just what the old practitioners designated it from certain of its physical properties, strictly analogous to a soap. The acid (or acids, for some chemists think there are two) has the composition

$$C_{44}, H_{40}, N.S.O_9.$$

This highly compound acid most readily undergoes decomposition, not only parting with its base, but splitting up into other bodies also highly compound, but containing only a part of its elements. One of these educts designated *taurine* is composed as follows—

$$(C_4, H_7, N.S_2, O_6.)$$

In fact, it is a nitrogenous-sulphur compound, which plays a most important part in assimilating the new nourishment prepared by the stomach.

Another educt of the bile is one not believed at present to have been isolated, but when oxidized it is the colouring matter of healthy fœces, and possesses the remarkable property of preventing the fœces from undergoing either fermentation, or putrefaction whilst retained in the intestinal canal.

When, from certain states of the system, a larger amount of carbon is thrown upon the biliary system than is normal, another educt from the bile is formed, namely, bile fat, or cholesterine, consisting of

$$C_{36}, H_{32}, O.$$

Cholesterine is the most usual constituent of biliary calculi, and contains the largest proportion of carbon found in any organic body in combination with hydrogen and oxygen.

Again, the colouring matter of the bile resembles a resin; it is a highly-carbonaceous compound, itself so loosely combined with the other elements of the bile, that it may be separated by simple filtration through animal charcoal. This does not, however, indicate that it is merely mixed; it is truly in chemical combination with the other elements.

Gall-stones are always composed either of thickened bile, in which the colouring matter predominates, or cholesterine, or a mixture of the two. Hence the existence of gall-stones is the result of a redundant amount of carbon in the secretory part of the liver.

Having no intention at present to treat fully of all that chemistry has done to elucidate the healthy or diseased secretion of the liver, I merely adduce these facts because they have a bearing upon what follows. But I would here remark, that the statements of chemists on these subjects must be considered as only provisional, and representing the present state of the inquiry. It is of the utmost importance that medical men should pursue practical chemistry for themselves. In illustration of the justness of this, I would refer to Liebig, deservedly the most eminent of scientific chemists. It is his work on 'Animal Chemistry' which is most frequently referred to by medical writers; and yet, although of recent date, it is in fact entirely obsolete. The method of organic analysis devised by Liebig, and the circumstance that the equivalent for sulphur is a simple multiple of that of oxygen, namely 16 and 8, caused him to overlook the existence of sulphur in taurine, whereas it contains actually 25 per cent. of that element. Since this fact was made known by Redtenbacher (its discoverer), it has been necessary to analyse again every kind of organic matter; and the result has been so considerable a modification of Liebig's views as to render all the reasonings of medical authors based upon them, entirely fallacious. The more recent publications of chemists on the subject of the bile, and other animal secretions, as well as on organic substances composing the structures, may, so far as they have gone, be in general implicitly relied on. The composition of bile itself is now satisfactorily determined. It contains, as we have seen, 4 per cent. of sulphur. The function of that educt from it which passes into the bowels, and gives colour and other peculiar properties to the fœces, is clearly made out. No one has hitherto brought together the information furnished by chemists to elucidate the healthy and diseased functions which they are calculated to explain; a task which, doubtless, will be well accomplished by Liebig in the second part of his 'Animal Chemistry,' now in course of preparation.

It would not be difficult to give an exact scientific description of those changes of colour and other properties, noticed in the alvine dejections, and which have hitherto been little understood, except empirically; but this is not my present purpose, which is confined to the notice of some disorders of the liver not very clearly recognised; and the first of which I shall speak is what I would designate liver-ache, or hepatalgia.

HEPATALGIA, OR LIVER-ACHE.

Of the existence of a painful condition of the nerves of the liver, (*liver-ache,*) in the entire absence of the least disturbance in the secretion of this organ, and, as we may fairly infer, of any thing like structural changes, I have felt for many years convinced. But I should not have hazarded the publication of such an opinion in the absence of satisfactory means of detecting the presence of bile in the urine, or in the fœces; and any deviation from health in any and all the secretions, which might indicate something more than simple neuralgia. A painful state of the liver, extending through more or less of the organ, is, I believe, a very frequent disorder.

About two years ago I was consulted by a lady who had been my patient for several years, for a painful affection in the region of the liver, which she described as a dull aching pain, not constant, but sometimes more sometimes less severe, often disturbing her rest, and generally worse when the pressure of her stays was removed. The tongue was clean, pulse regular, and normal, the appetite little affected, and the food taken was not observed to have any influence upon the pain. As she had formerly suffered from dyspepsia, I at first directed my attention to the stomach and bowels, changed her diet, and applied a few leeches to the epigastrium. These measures produced no effect, and were followed by blisters, mild aperients, and blue pill, with opium. In spite of these measures the pain became more severe, and extended, and after a time was described as occupying the entire region of the liver; the patient, when desired to point out its seat, passed her hand over the portion of the body occupied by the organ with anatomical accuracy. I now directed my attention especially to the liver; first, by the stethoscope, satisfying myself that no perceptible disturbance of the heart or lungs existed, and then submitting the urine to a careful chemical examination, and watching the alvine secretions with equal care and precision. On examining the region of the liver, no tumefaction of the whole or any part, nor any spot more sensitive than the rest on pressure, could be detected. A general pressure, as with the stays, somewhat mitigated the pain, as without opiates it always was increased at night when the patient undressed.

Still the pain increased in severity. It was very little relieved by opiates, by hyoscyamus or belladonna; but seemed rather to return with increased violence as the effect of narcotics ceased. Taraxacum produced no effect. As I had often before had reason to believe that in similar painful affections of the liver the buckbean (*Menyanthes trifoliata*) had proved a remedy, I prescribed an infusion of the leaves of that plant in the proportion of 2 ounces of the shred leaves to a pint of water, administering 3 ounces of this infusion three times a-day. The result was entirely satisfactory; the pain speedily, although gradually, yielded, and after about a week had entirely disappeared. Since that time my patient has twice had a return of the pain; but having at once had recourse to the buckbean, it never became so severe as on the first attack, but yielded immediately. I must observe that on no occasion was there the pain on the shoulder which is supposed to be diagnostic of disorder in the liver. The pain in the shoulder has, I think, been satisfactorily shown by Annesley Budd, and others, to arise from disease of the convex surface of the organ, when the capsular covering has become implicated, and that considerable disease, abscess, hydatids, congestion, and even disorganisation, to a considerable extent, may exist in the interior of the liver, without the pain in the right shoulder.

I do not undervalue the services rendered to practical medicine by morbid anatomy; but such cases as the above forcibly illustrate the propriety of not forsaking the old way of minute observation, and simple experience in the use of remedies. The information afforded by a chemical examination of the secretions should never be neglected, as when it gives only negative results it is in some cases of the highest value. I have no doubt whatever that the testimony of many practitioners, especially those engaged in general practice, will be borne to the existence of a painful condition of the nervous system of the liver, unaccompanied by any structural or other functional disturbance of the organ. I recommend them to try the *Menyanthes trifoliata*.

THE USES OF ARSENIC IN DISORDERS OF THE LIVER.

The safety and efficacy of arsenic, when judiciously administered in proper doses and in certain cases, are well established facts in therapeutics. It appears, also, to be very generally admitted that arsenic taken internally, passes very speedily into the liver. By what channel its transmission into this organ is effected, is not so clearly ascertained. Toxicologists, however, after searching the stomach for insoluble portions of arsenic, always next look to the liver, as the locality where traces of it may most certainly be found, after it has left the stomach, and there it will be often discovered when not a trace of it exists in the blood.

In what state the arsenic exists which is found in the liver, has not, I believe, been satisfactorily determined, perhaps no investigations have been directed to resolve the question. The toxicologist always destroys the organization, and, indeed, resolves all the organic substances into inorganic elements by means of nitric acid, a process which produces all the effects of actual combustion, except that of dissipating the volatile metal—the object of his search, the nitric acid converting the arsenic, in whatever state it may be, into arsenious acid, which is non-volatile. Hence we are unable to infer anything as to the state of the arsenic in the organism from this mode of testing for it.

The opinion is held by many chemists, that arsenic enters into combination with albumen, forming a definite organic compound. This opinion, as stated by Liebig in his 'Animal Chemistry,' has recently been questioned, on the ground that when mixed with albumen out of the body, or when given to animals and found in the coats of the stomach, the arsenic can be washed out by repeated affusion of water. These experiments are not conclusive as to the non-existence of a compound of arsenic and albumen. It would be very interesting to have this investigation pursued, especially in reference to the exact state of the arsenic found in the liver.

There is another well established fact in chemistry, bearing upon the subject before us—namely, that the presence of minute portions of arsenic in fluids, containing all the materials, and placed, under the most favourable circumstances, for fermentation or putrefaction, effectually arrests these processes. It is well known that, in fermentation, and putrefaction, there is always present abundance of microscopic confervæ or animalcules. In the former, these infusoria are vegetable—in the latter, animal. A discussion has for a long time been carried on relative to the function of these living organizisms in fluids undergoing these chemical changes. On the one side, it is contended that the chemical changes are dependent solely upon the vital energies of the confervæ or animalcules; on the other, that the presence of these is but an accidental accompaniment of the chemical changes, the substances undergoing the change forming a pabulum, and the temperature necessary to the chemical action being highly favourable to their existence, and propagation. Pending the determination of the question, we may remark, that it will probably be found that the concurrent activity of both the vital, and the chemical forces may be indispensable. At any rate, the action of arsenic in arresting the processes is certainly referrible to its poisonous influence upon the living creatures, which invariably accompany the chemical changes. Upon the same principle, the antiseptic properties of arsenic probably depend. The whole subject of fermentation and putrefaction is closely allied to our study of the causes of disease, and promises to shed a great and important light upon what is, at present, the most obscure and impenetrable department of pathology.

One of the best-established facts in morbid anatomy is, that the human liver is frequently the seat of hydatids—bodies, which, when studied by the microscope, are discovered to be animalcules, designated acephalocysts, bladders filled with fluid, in which float innumerable minute creatures, with a more complex organization, termed *Echinococci*.

It forms no part of my purpose to repeat the description of these microscopic animalculæ; but it is most important to bear in mind that they are either quite identical with, or very closely analogous to the minute creatures found in some of the many processes of fermentation, or putrefaction. Very recently, chemists have made the discovery that *succinic acid*, an acid of a very peculiar and characteristic compound, formerly only known as one of the results of decomposition of amber, may be formed by a process of fermentation; and almost at the same moment the presence of the same acid was demonstrated in the fluid of an hydatid, in which floated numerous Echinococci, taken from a human liver.

The existence of hydatids in the liver, cannot during life be very satisfactorily ascertained, until they attain a considerable size. Dr. Budd, indeed, states that the "diagnosis of an hydated tumour of the liver, when it has attained such a size as to be readily seen and felt, seldom presents much difficulty." But he is speaking of cases wherein the growth of the tumour has been slow, and unaccompanied by pain, or fever, and when it presents a definite globular form. Most of the cases which he has compiled, however, where hydatids were found after death, present symptoms of a totally different character. There was always great suffering, generally intense rigors, and a multiplicity of phenomena which wholly misled the physician as to the seat and nature of the disease.

It is a matter of considerable surprise to me, that the employ-

ment of arsenic in obscure cases of liver disease, where rigors, spasms, and other symptoms indicative of disorganization command attention, and more especially where the disease is either coincident with, or follows immediately upon intermittent fever, has not been prominently recommended. One of the natural modes of cure of hydatids revealed by dissection, is the death of the parasite; and what agent is so likely to destroy the feeble vitality of these creatures as arsenic, since, as we know it can be introduced into the very substance of the liver, without injury, and with little inconvenience? And, moreover, we see, in experiments out of the body, that it poisons the parasitical plants and animalcules, which are the invariable concomitants of fermentation and putrefaction. If the action of arsenic, in such cases, depends upon some other principle, it can only be by virtue of its chemical affinities. This remains to be proved; but should the most conclusive evidence be adduced on this side, it could in no way weaken the force of an argument for its use in disorganization of the liver arising from the presence of hydatids, inasmuch as chemical actions constantly accompany the vital processes, if, indeed, they are not mutually dependent.

(*To be continued.*)

THE PHILOSOPHICAL GAZETTE.

CHEMISTRY.

METAMORPHOSES OF ORGANIC SUBSTANCES IN THE PROCESS OF FERMENTATION.

In our last number we mentioned the discovery of succinic acid in an hydatid cyst in the human liver, and remarked that this acid has been recently found as one of the products of fermentation. The metamorphoses undergone by organic bodies in fermentation and putrefaction have a peculiar claim upon our attention and study, inasmuch (as we then briefly observed) every, or *almost every*, product of the fermentative process acting upon matters forming human aliment have been found in the body, in one disease or another. The following abstract of the experiments and observations relative to the artificial formation of succinic acid, must, in this point of view, be of the highest interest to our readers, especially to those who recognise in organic chemistry the science destined to elucidate much that is now obscure in the causes, nature, and treatment of diseases. The first notice upon this point was in the *Comptes Rendus.*

On the Metamorphoses of Malic Acid into Succinic Acid by M. Dessaignes.

Asparagine, a crystalline neutral substance discovered by M. Piria to exist in *asparagus*, and in the blanched shoots of several species of beans and vetches, has been fully investigated by that chemist. He infers from his analysis that asparagine is the anoide of malic acid. When impure and dissolved in water, it soon ferments and is converted into succinate of ammonia. "I conceived," says M. Dessaignes, "that if malic acid, or one of its salts, would undergo the same kind of transformation by fermentation, the relations discovered by M. Piria between asparagine and malic acid would be more completely demonstrated." Accordingly, M. D. placed some neutral malate of lime obtained from the berries of the mountain-ash in circumstances favourable to its undergoing fermentation, and watched during many months the changes it undergoes. The result was the formation of crystals which, upon analysis, proved to be succinic acid. The quantity produced approximated to the amount of the malate of lime submitted to the process.

"Asparagine," continues M. Dessaignes, "appears to exist in the shoots of all the plants belonging to the numerous family of the *Leguminosæ*. All the seeds belonging to plants of this family, which I have allowed to germinate, have furnished it in large quantity:—broad beans, French beans, lentils, peas, clover, lucerne, saintfoin, and Cytisus laburnum. What common principle do these seeds contain, which is metamorphosed in the act of germination into asparagine? Is it legumine?"

The next paper which appeared on this subject, was by Liebig, in the *Annalen*, and entitled

ON THE PREPARATION OF SUCCINIC ACID FROM MALATE OF LIME.

The highly important and beautiful observations of Dessaignes on this subject, induced me to examine whether the malate of lime might not be converted more rapidly and perfectly into succinate of lime, by an ordinary process of fermentation, than by a plan proposed by that chemist; and whether an advantageous method of preparing succinic acid on a large scale, might not be founded upon it.

These experiments have been crowned with complete success. The decomposition of the malate of lime can be effected far more easily and rapidly than the conversion of the lactate of lime into butyrate, by employing the same ferment as is used in the butyric acid fermentation. The malic acid is decomposed under these circumstances into succinic, acetic, and carbonic acids.

When to a mixture of one part of malate of lime and five to six parts of water, the tenth part of the volume of the water of ordinary yeast is added, a pretty lively evolution of gas soon ensues when the mixture is placed in a warm situation. The gas which is disengaged is pure carbonic acid, and is absorbed without the least residue by potash.

After three days, an essential change in the form of the malate of lime is perceptible; it becomes granular, heavy, and crystalline, and in the course of the fermentation these granules increase constantly in size.

When the fermentation is complete, *i.e.*, when the evolution of gas has ceased, the mixture loses on agitation its muddy condition; the granules appear under the microscope to be composed of stellate groups of transparent needles, which quickly subside like heavy sand when stirred. These crystals consist of a double salt of succinate of lime with carbonate of lime. The supernatant liquid contains acetate of lime. The formation of succinic acid is effected with equal ease and rapidity by putrefying fibrine, or putrefying cheese; the latter is especially adapted for this purpose. The following proportions prove to be most advantageous:—3 lbs. of crude malate of lime, as it is obtained from the expressed juice of the berries of the mountain ash, after being twice or thrice washed with water, is mixed with 10lbs. of water at 105° F. in an earthen pan, and 4 oz. of putrid cheese, which has been previously rubbed into an emulsion of water, is added to the mixture. When kept between 86° and 104° a disengagement of gas very soon begins, which continues from five to six days (longer at a lower temperature). In another experiment with 15lbs. of malate of lime, the fermentation was over in four days.

When every sign of fermentation has disappeared, the granular crystalline deposit is collected upon a strainer, washed several times with cold water, and the succinic acid then separated by means of sulphuric acid. For this purpose, the crude succinate (and carbonate) of lime is mixed with dilute sulphuric acid until no further effervescence is perceptible, and the quantity of sulphuric acid consumed is noted down. Upon this an amount of dilute sulphuric acid, equal to that consumed, is added to the paste, and the entire mixture heated to boiling, and kept at this temperature until the granular consistence has entirely disappeared. The liquid is separated from the gypsum formed by filtration through a linen bag, the gypsum washed, and the acid liquid concentrated by evaporation; it contains in solution a mixture of bisuccinate of lime, with succinic acid. When it has been so far evaporated that a crystalline pellicle begins to form on the surface, concentrated sulphuric acid is added to it in small portions, until no further precipitate of gypsum is formed. In general, the liquid congeals to a pasty mass by the newly-formed gypsum; it is diluted with water, and the succinic acid separated by washing. On evaporating the liquid and cooling, a crop of brownish-coloured crystals of succinic acid separates, which contains minute traces of gypsum. This coloured acid is dissolved in boiling water, filtered, set aside to cool, the crystals thrown upon a funnel, and the mother-liquid removed with cold water. The acid obtained by this second crystallization, is again dissolved in water, boiled with a little animal charcoal, and the transparent solution crystallized. The crystals are of a dazzling white; they can easily be freed from a trace of gypsum by solution in alcohol, or sublimation. Three pounds of dry malate of lime furnished from 15 to 16 oz. of dazzling white succinic acid. In my experiments, not a trace of malic acid was found in the mother-liquid from the succinic acid; so that in this remarkable process of fermentation the whole of the malic acid is completely decomposed. The process with putrid cheese differs from that with yeast, in hydrogen gas being disengaged along with the carbonic acid, towards the end of the operation.

Science is indebted to M. Dessaignes for this beautiful discovery, and it is to be hoped that fermentation will come more into use as one of the most powerful agents for chemical decompositions. It is easy to prepare from malate of lime any amount of this interesting, but hitherto expensive acid; and a number of useful applications may possibly follow from this discovery.

In a subsequent paper on the same subject, by Professor Liebig, containing more technical chemical details, he says, "I have observed that the amount of succinic acid obtained is greater the more slowly and quietly the fermentation is conducted. It is therefore of importance, that the temperature maintained during the fermentation should not be raised too high. The quantity of yeast, or of putrid cheese, must also be limited, otherwise a different action is set up, and hydrogen gas is envolved in abundance. In which case butyric acid, and other compounds of an oily etherial nature, probably allied to alcohol, or alcohyde, are formed, which have not yet been examined.

The formation of succinic acid in the fermentation process is explained in the following manner:—6 equivalents of malic acid take up the elements of 3 equivalents of water, and produce 4 equivalents of succinic acid, 4 equivalents of carbonic acid, and 1 of acetic acid—

6 eq. malic acid, C_{24}, H_{12}, O_{24} } 4 eq. succinic acid, C_{16}, H_{12}, O_{16}
} 4 „ carbonic acid, C_4, O_8
3 „ water ... ... H_3, O_3 } 1 „ acetic acid, C_4, H_3, O_3

FURTHER RESEARCHES ON THE PRODUCTION OF SUCCINIC ACID BY FERMENTATION. BY M. DESSAIGNES.

Perfectly pure malate of lime, the acid malate of lime, the malate of potash, the aspartites of potash and of lime, fumurate of lime, aconitate of lime, extracted from *Aconitum Napellus*, and maleate of lime, are all readily converted into succinates by fermentation. I employ crude caseine, which I mix with water containing the substance under experiment, and leave the mixture at ordinary summer temperature for three or four weeks.

Asparagine first forms aspartate of ammonia, which may be separated if the fermentation is interrupted, but this is subsequently formed into succinate. Both products may be obtained at once.

The substance which exists in the seeds of the leguminous plants, and which, in the act of germination, is converted into asparagine, may also be converted into succinic acid when pea-flour is mixed with water, some chalk added and left to ferment, succinate of lime is formed, and is found in the liquid after filtration.

Legumine, the nitrogenous principle which precipitates tannin, (pointed out by M. Bracconet), emulsion of sweet almonds separated from its oil, with addition of chalk, all produce by fermentation the same acid. So that the succinic fermentation is as common as the acetic, melacetic, butyric, or valerianic.—*Comptes Rendus, Sept.* 1850.

REVIEWS.

Practical Observations on the Diet of Infancy and Childhood. By T. Herbert Barker, M.D. Simpkin, Marshall, and Co.

This work, as its title implies, lays no claim to the character of a systematic treatise; in fact, the author tells us in a short preface that it constitutes only one chapter of a work in course of preparation, which will include also, the 'General Management and Diseases of Children.' The importance of diet and regimen in infancy cannot be overrated, and we are greatly pleased, that a treatise like the present should have been undertaken by so able a hand.

This little book is not one of those additions to quackery called "Hints to Mothers," &c., but really contains useful instruction, evidently the result of experience and careful observation. Upon each of the subjects embraced, Dr, Barker has thrown out observations well calculated for the instruction of the youthful mother and the prejudiced old nurse. We are convinced from our own experience, that one half the children born into the world are cut off prematurely, by alternate stuffing, starving, and drugging, and general bad management combined. We conclude our notice hy extracting a few passages.

"If gruel, panada, and similar food must be condemned when they are inconsiderately administered to the infant, what must we say of the practice of giving a toothless child such substances as solid bread, potatoes, or the flesh of animals—roast beef, for instance? One would think common sense would sufficiently show the absurdity of such treatment!" . . . "It is true that when too much is given, nature (infinitely wiser than the cramming nurse) provides a remedy for the evil, by vomiting. But even this very emphatic pronunciation of "no more" from the stomach, does not convince the nurse of her error. She only observes it and says, "Ah, it is a good sign, the child is healthy."

"And now, as one error leads to another, the inexperienced mother or nurse, having first produced disease, proceeds to exasperate that disease by the most mischievous quackery—in short, by "drugging" the infant. Its cries are distressing; it will not sleep; it is evidently in pain: the pain must be allayed, the child must be put to sleep; but what are the means used? Nature calls loudly for help, and receives—poison! An ignorant neighbour informs the distressed mother of the wonderful virtues of a certain elixir—'Godfrey's Cordial,' 'Dalby's Carminative,' 'Poppy-tea,' 'Dicodium and Peppermint,' or some other cloak for opium. In one respect these destructive nostrums fulfil their promise. The cries of the child are effectually 'stilled,' for, in many cases, he is soon silent in the grave!" Let the Registrar-General's report speak as to the truth of this.

CORRESPONDENCE.

To the Editor of 'The Institute.

Dear Sir,—Observing in your Journal of last week a very interesting case of a foreign substance having remained in the bronchial tube many years, I send you the following, which, although taken from very imperfect notes, may perhaps prove interesting.

Sarah Jones, the wife of a man possessing a small independence, was in the month of November, 1842, attacked with a violent fit of coughing, which considerably alarmed her husband and induced him to send for me. On visiting her, I found her suffering from what I supposed to be acute bronchitis, which yielded to the ordinary treatment. She never, however, lost her cough, and other symptoms which arose made her case very unsatisfactory, and my suspicions were aroused as to the healthy condition of the lung itself. She, however, always referred her pain to one particular spot, the region of the right bronchus. The expectoration had become purulent and streaked with blood; still the lung appeared healthy, a little dulness on the right side excepted. A month after this (three months from the commencement), she was attacked with hæmoptysis, and lost a considerable quantity of blood; besides this she lost flesh daily, her appetite failed, the expectoration became more and more purulent, night sweats and hectic fever continued unabated, and all the symptoms of phthisis pulmonalis, in an advanced stage, made their appearance. This state of things continued about two months longer, my patient becoming still more emaciated, when one day, after a violent fit of coughing, she ejected from the lungs a piece of bone, which, on examination, turned out to be a portion of the rib of a hare, about half an inch in length. She remembered to have partaken of some jugged hare a few days before she was first attacked; but was wholly unconscious of anything having passed into the air tubes. From this period the expectoration gradually ceased, though her cough continued for some time. I saw her about twelve months ago, and she then appeared much more likely to die of apoplexy than pulmonary consumption.

I am, dear Sir, yours very faithfully,

C. S. G.

Manchester, November 24th, 1850.

To the Editor of 'The Institute.'

Sir,—If you think with me, that a brief sketch of Dr. Rademacher's theory and practice would be acceptable to your readers, I shall be happy to point out its principal features and most important practical results; and will answer for abundant interesting material for the thoughtful and reflecting in the profession.

Remaining, Sir, your obedient servant,

D'ALQUEN, M.D.

Conjecturis adhuc scatet medicina et vix dum scientiæ nomen meretur. Id num artis ipsius indoli debeatur quæ certa principia respuat, an potius medicis vitis vertendum sit qui *obliquum* tramitem insistentes, laboris tædio in rectam viam redire noluerint, alias fortassis dabitur disputandi occasio.—Richard Mead.

I believe most medical men will candidly admit how often, on entering the practice of their profession, with a thorough knowledge of all its branches, and a memory well stored with the dicta of the great authorities of the day, they have been called upon to treat diseases they have never seen or heard of; how often they have found medicines act in opposition to all laws and doctrines they have been taught, till at last conviction creeps upon them, that their theories and speculations are mostly founded upon ignorance; that in the enthusiasm of youth they have accepted much of empty pretensions, of useless and vague generalities, of a speculative and conjectural science, as facts calculated to guide them in the path of their laborious and arduous duty. Alas! every day's experience robs them of some of their facts, shakes the belief in the soundness of their received theories, and at last, they have been compelled to begin by the limited experience of them-

selves. A conviction of this kind, and a great distrust against all great authorities and celebrated school doctrines, after having tested their insufficiency and instability during twenty-five years by the sick bed, seems to have induced Dr. Rademacher, in order to satisfy his moral and intellectual cravings after truth, to study the doctrines of the ancient physicians, and Jatrochemical writers, being accidentally led, from the astonishing effects of an old and obsolete remedy, to the supposition, that it might perhaps be one of the famous remedies of the old Jatrochemical sect. The renowned, though much abused 'Paracelsus Theophrastus de Hohenheim' soon became his favourite, and, not without a great deal of labour and persevering study, he succeeded in decyphering the true and real opinions of this great man, which are purposely, to mislead his opponents of the Galenic school, clad in obscure language, and mixed up with much extraneous matter, to penetrate which, requires no inconsiderable share of linguistic talent, and an acquaintance with the peculiar terminology of the old writers.*

He soon found that the *teaching* and *practice* of this great physician went hand in hand; and became convinced that his system was based upon the only rational principle, viz., the pure curative effects of the remedial agents or medicines we employ. This theory was more satisfactory to his understanding, although beset with many difficulties, than either the crude empiricism, treating diseases (formally) according to their symptoms, or the celebrated school doctrines of the day, based upon an (assumed) knowledge of the human organism, of which we know, indeed, very little, and during more than twenty years Dr. Rademacher carried out this system in practice without having occasion to repent it, only regretting that, from his advanced age, he was unable to do more than point out the way to his followers. Without following Dr. Rademacher in his able historical critical research, as to what were the real opinions and doctrines of Paracelsus and his sect, the following brief *resumé* of his system will be found sufficient to enable the reader fully to appreciate the practical results obtained by Dr. Rademacher in carrying out this system; and it must be borne in mind, that the different remedies and their practical application, which form the chief subject of the following pages, are not those of Paracelsus, but obtained by Dr. Rademacher's own experience. He distinguishes diseases of different organs (affections of a single organ, for instance, a disease of the liver) and general, universal (constitutional) diseases; both may be *primary* or *secondary* affections (from sympathy). His remedies are accordingly special remedies for affections of single organs, and remedia universalia for affections of the whole organism. Of the latter he has only three, viz., the cubic salpeter, *i.e.*, the nitrate of soda, iron and copper.

* In No. II. of the very interesting communications on 'Medical Archæology,' by Mr. Squibb, a Dr. Borde gives us some reasons of his own for the obscurity and brevity of his writings, which illustrate the truth of what has been stated so forcibly, that I must here transcribe his reasons. "The first cause is, that the arcane science of physicke, should not be too manifest and open, for then the eximious science should fall into great detriment, &c. Secondarily, if I should write al my mynd, every bungler would practice physicke, &c."

An affection which is curable, for instance, by quassia, he calls a morbus quassiæ; if by turpentine a morbus terebinthinus; so that the name of the disease is, in fact, the name of the remedy by which it is cured or curable. Another important point in following out this system, is the morbus stationarius, and what Sydenham called the constitutio epidemica. Dr. R. having, during nearly fifty years, practiced in the same small town, Goch on the lower Rhine, had, of course, an opportunity, peculiarly favourable for making observations of this kind; and it may suffice here to illustrate his peculiar opinion on this subject in the following way. Let us suppose we meet with a certain fever, say a gastric fever, which proves to be a morbus chelidonii, *i.e.*, an affection which is curable by the Chelidonium majus; all other gastric fevers or affections occurring at the *same* time are, as a general rule, also morbi chelidonii. Or say, scarlet fever is breaking out in a town—the first case we are called on to attend proves to be a morbus nitri, *i.e.*, which stood under the healing influence of the nitrate of soda, and we may be almost certain that, with hardly an exception, all the following cases are of the same kind, viz., morbi nitri, as a consequence of what Sydenham called the constitutio epidemica.

The morbus stationarius, by which is meant, that a prevailing disease may remain the same for a very great length of time—for months, or even a year—is very seldom an affection of the whole organism, or an universal disease, but mostly a primary affection of a single organ; if it lasts for a long period, it may give rise to other secondary affections, either of single organs or of the whole organism, and in the end resume its original character of a primary affection of a single organ, or it may also remain the whole time altogether uncombined: the *form* of the morbus stationarius remains often the same, while its *nature* is completely altered. The autumn and spring are mostly the periods when changes take place in the character of the stationary disease, though it may also happen at any other time of the year, For illustration, another case:—Let us suppose during the whole year, the morbus stationarius had been an affection of the liver, curable by the chelidonium; this morbus chelidonii might, after some months, change into a *morbus nucum vomicarum*, still presenting the same symptoms as before, and the latter affection might again change into a morbus quassiæ &c. The observation of the morbus stationarius is of the greatest importance in practice, because, after you have once found out its form and nature, you are master of the prevailing diseases, which makes the exercise of your professional duty for a while easy and pleasant. Of course, during the prevalence of the morbus stationarius, other diseases may occur (morbi intercurrentes) independently of the morbus stationarius. As such, I may enumerate dysentery, febrile diarrhœa, scarlet fever, rheumatism, coughs with or without fever, angina, swellings of the glands of the neck (particularly in children), measles, small-pox, intermittent fevers, and perhaps now we must reckon also the cholera amongst them.

(To be continued.)

LIST OF THE MEMBERS OF THE GREAT NATIONAL ASSOCIATION.

(Extracted from the 'Paper of Transactions,' dated July, 1845.)

Abercromby, J. B., Kensall New Town
Abram, J. F., 1, St. George's terrace, Kensington
Adams, D., Cambridge
Adams, N., Lymington
Adams, T. B., Budleigh Salterton
Adamthwaite, W., Wreckerton House, near Gateshead
Adamson, Henry, Sauvey Gate, Leicester
Adamson, J., Rye
Addison, W., Soham, Cambridgeshire
Ager, T., Croyland, Peterborough
Agg, T., Cheltenham
Aikenhead, J., M.D., Charlton-on-Medlock
Aiken, C. A., 1, Albion street, Hyde park
Ainge, J., Fareham, Hants
Ainley, W., Oldham
Airey, J., 16, Poland street, Oxford street
Airscott, R., Exeter
Alexander, Chas., 6, St. George's road, New Kent road
Alexander, Henry
Alexander, James, 12, North Audley street
Allan, John, Epsom
Allanson, J., Bishop Wilton, near Pocklington
Allat, R., Paddock
Allbutt, G., Batley, West York
Allen, J., St. George's, Somerset
Allen, Richard, Gainsborough, Lincoln
Allen, R., Manchester
Allen, T., Bristol
Allen, W., Arnold, Notts
Allen, J., 23, Milner square, Islington
Allen, D. J., 8, Taunton place, Regent's park
Allender, G., 16, Mansell street, Goodman's fields
Alleston, T., 47, High street, Hoxton
Alleyne, J. H., 27, Gloucester place, Hyde park
Allison, H. P., Newcastle-on-Tyne
Allison, W. J., Great Ilford, Essex
Allison, W., East Retford
Allwork, Chas. L., Maidstone, Kent
Allyn, A., (R. N.) Fintona, Omagh, Ireland
Ambler, E. H., Stalbridge, Somerset
Amory, G. P., Exeter
Amsden, G. J., 1, Critchell place, New North road
Amyot, T. E., Scolds, Norfolk
Ancell, H., 3, Norfolk crescent, Hyde park, Surgeon to the Western General Dispensary; and to the Police Force
Anders, J., Newark-upon-Trent
Anderson, J., Leicester
Anderson, R. R., Houghton-le-Spring, Durham
Anderson, F. B., Hessle, Yorkshire
Anderson, J.
Anderson, J., Carlisle
Anderson, W. C., York

Anderson, W. A., 18, Brompton row
Anderton, C., Leigh, near Manchester
Anderton, G. L., Moor House, Tamworth, Medical Officer to the Hulton District Bolton Union
Anderton, W., Oldham, Rutland
Andrews, John, Sutton Scotney
Andrews, E. Windsor
Andrews, E., Titchfield, Hants
Anningson, J., 152, Whhitechapel road
Ansell, Thomas, Harley place, Bow road
Appleton, J. M., 45, Curzon street
Appleton, H., Mare street, Hackney
Appleton, J. G., Hitchin, Herts
Appleton, Henry, St. Mary Church
Appleton, J., Greenwich
Appleton, G., Greenwich
Archer, G. S., 3, Norland place, Notting hill
Archer, W., 1, Montague street, Portman square
Arden, H. A., Dorchester
Armstrong, W., Stroud
Armstrong, E., Carlisle
Armstrong, J., Gravesend
Arnold, E., Potter's Bar, Middlesex
Arnott, Archibald, North Dispensary
Arpthorp, W., 3, Prince's street, Leicester square
Arscot, R., Exeter
Arthur, J., 164, High street, Shadwell
Asbury, B. V., Enfield
Asbury, J. V., Enfield
Ash, J. W. B., Bristol
Ashcombe, William, 89, Gracechurch street
Ashcombe, T. P., 89, Gracechurch street.
Ashcroft, Thomas (M.D.), St. Anne's-street, Liverpool
Ashley, W. H., 1, Grove Villas, Loughborough road
Ashley, John, Highton, near Birstal, York
Ashton, J. M., Ormskirk, Liverpool
Askwith, Robt., (M.D.) Leeds
Aspray, T. Northampton
Assheton, J. H., 11, Earle street, Liverpool
Astle, Edmund, Sulton, Cheshire
Atkins, J., 11, Union street, Deptford
Atkins, W., High street, Deptford
Atkins, J. R., Grove House, Stoke Newington Green
Atkinson, B., 10, King William street
Atkinson, W., King William street
Atkinson, R., Richmond, Yorkshire
Atkinson, E. T., Richmond, Yorkshire
Atkinson, G., Sunderland
Atkinson, G. J., Sunderland
Atkinson, R., Carlisle
Atkinson, Thos. W., Pennybridge, near Ulverston
Attenburrow, H. C., Nottingham
Austen, J. C., 3, Stanhope street
Austin, T., 36, Rosamond street
Austin, M. 15, Red Lion street, Clerkenwell green
Axford, C. J. F., Swindon
Ayre, Thomas, Barnsby, Yorkshire
Ayre, J., Sunderland
Ayre, W., Mare street, Hackney
Ayres, J., Ramsgate
Ayres, A., Ramsgate
Ayton, R., Porchester, Hants
Babbage, W. 1, Bengal place, New Kent road
Bacon, S., 41, Frederick place, Hampstead road
Back, T. S., 53, Upper Marylebone street
Baddington, W. E., Chesterfield
Baddington, J., Kenilworth
Badger, W., 4, Gutter lane, Cheapside
Badger, J., 12, Melcome place, Dorset square
Bailey, T., 29, Three Colt street, Limehouse
Bailey, C., Chippenham, Wilts
Bailey, W., Bedford
Bailey, C., Oldham, Hants
Baillie, G., 78, High street, Poplar.
Bain, W. P., 7, Brunswick place, Blackwall
Bain, W., Limehouse
Bainbridge, W., Upper Tooting
Baird, J., 47, York road, Lambeth
Baird, J., Sunderland
Baker, E., 13, Bulstrode street, Manchester square
Baker, T. G., 4, Cornwall terrace, Camden New Town
Baker, E., 50, Walcot place, East Lambeth
Baker, F. M., 11, North place, Kingsland road
Baker, James, 1, Dorchester place, New North road
Baker, W. P., 35, High street, Bow
Baker, T., Newark-on-Trent
Baker, B., Great Thurlow, Suffolk
Bakey, J., Shirley, Southampton
Balbeck, C., Hambledon, Hants
Balchin, R. Godalming
Balderson, A. T., 11, Poland street
Ball, H. W., Wokingham, Berks
Ballard, T., 81, Connaught terrace
Baller, H., 26, Jewry street, Aldgate
Bamber, R. P., Barton-on-Irwell, Manchester
Bamford, W., Rugley, Stafford
Banks, T., Holt, Norfolk
Bannister, J. H., 436, Oxford street
Barber, Clark, Coltersworth, Lincoln
Barber, E., Stamford, Lincoln
Barford, E. W., 18, William street, Regent's Park
Barhorn, F., 10, Osnaburgh street
Baring, C. H., Belle Vue House, Notting hill
Barker, J., 22, Richmond's place, East street, Walworth
Barker, T. H., Bedford
Barker, Edward, Audlem, Cheshire
Barker, W. G., Augmering, Sussex
Barlow, J., Manchester
Barlow, N., Blacemore, near Ongar, Essex
Barlow, W. R., Writtle, near Chelmsford, Essex
Barlow, J. N., Writtle, near Chelmsford, Essex
Barlow, F., 28, Upper Gloucester street
Barnard, W., Fareham, Hants
Barnard, H. C., Hereford
Barnes, R. K., St. Albans, Herts
Barnes, J., Clare, Suffolk
Barnes, J., Ulverstone
Barnes, A. B., King's road, Chelsea
Barnett, A., 3, Vittoria place, Limehouse
Barnett, T. W., 26, Fore street, Limehouse
Barratt, J. G., Ross, Hereford
Barrett, T. B., Welchpool, Montgomery, Surgeon to the Dispensary
Barringer, Thos. S., 96, St. John street, Clerkenwell
Barron, J., South Shields
Barrow, J. B., 17, Mona street, Liverpool
Barrow, J., 48, Davies street
Barsham, T., Norton, Suffolk
Bartlett, J., Rushall Pewsey, Wilts
Bartlett, W., 19, Notting hill terrace
Bartlett, J. B., Teignmouth
Bartley, A. C., Mitcham Green
Barton, F. W., Coventry
Barton, R. H., Ulverstone
Barton, W. A., Coventry
Bastone, F., 5, Park street, Hoxton
Bateman, H., Islington green
Baskett, C., Wareham, Dorset
Batchelor, R., Southsea, Hants
Bates, R., Botley, Hants
Bateson, H., 2, Haddon place, Waterloo road
Bath, F. C., Abergavenny
Bathew, J., Salford
Batho —, Emesbury, Wilts
Batten, William, 74, Westbourne street, Eaton square
Battcock, G., Brighton
Batten, T., Coleford, Gloucester
Baxton, J., 5, Brownlow street
Bayes, William, Lloyd square, Pentonville
Baylis J. H., 5, Charles place, Kennington road
Beale, L., 108, Long Acre
Beale, M., 41, Bishopsgate Within
Beale, Thomas, 30, Bedford square, Commercial Road, East
Beale, J. E., Plaistow, Essex
Beaman, G., 32, King street, Covent Garden
Bean, E. F., Ashburton, Devon
Bean, W. M., Camberwell
Bean, R. L., 7, Union terrace, Camden Town
Beane, J. M., Shard's terrace, Peckham
Beardsley, Amos, Shipley, Derby
Beardley, C., Aurington, Lancashire
Bearpark, G. E., Leeds
Beattie, W. C., Carnarvon
Beaumont, T., Bradford Yorkshire
Beck, F. D., Sawbridgeworth, Herts
Beck, T. S., 53, Upper Marylebone street
Beck, Henry Edward, 82, Bridge road, Lambeth
Beddoes, W. M., Birkenhead, Cheshire
Beddome, J. R., Romsey, Hants
Bedingfield, J., Stow Market, Suffolk
Bedwell, J. R., Northleach, Gloucester
Bedwell, J. A., Cirencester
Beecroft, S., Hyde, Lancashire
Beevor, H., Barnby Moor, near Retford
Bell, J., Houghton-le-Spring, Durham
Bell, T., Felstead, near Chelmsford, Essex
Bell, W., Rochester
Bell, J. H., Bristol
Bell, T., Deeping, Lincoln
Bell, W., 13, Crosby row, Walworth
Bell, C., Northwick terrace, St. John's Wood
Bellamy, J. C., St. Thomas's Hospital
Bellard, H. A., Lyme Regis
Bellingham, F., Bourn, Lincoln
Bellingham, J. Bourn, Lincoln
Bellis, B., Maidenhead
Bencraft, H., Barnstaple
Bendall, T. P., Wooton-under-Edge
Benman, E. D., Oswestry, Salop
Bennet, J.
Bennett, Lucas, Winterton, near Brigg, Lincoln
Bennett, J., 27 Mill Street, Manchester
Bennett, J., Manchester
Bennett, J., 27, Mill street
Bennett, E., King's place, Commercial road
Bennett, F. D., 3, Commercial place, Old Kent road
Bennett, T. M., 46, Upper Baker street, Regent's park
Bent, J., Manchester, Assistant Surgeon to the Eye Hospital
Benyon, John Morris, Fishguard, Pembroke
Berdall, J., Tiverton, Devon
Beresford, J. W., Naiboro' Leicester
Bernard, R. M. Clifton, Surgeon to the Eye Infirmary
Bernard, C. E., Wells, Somerset
Berney, E., Croydon
Berrell, P., 53, Mount street, Lambeth
Berry, H. T., 34, Great George street, Westminster

Berry, E. U., 7, James street, Covent garden
Berry, C., Liphook, Hants
Berrryman, A., Penzance
Berryman, T., Penzance
Best, H. H., Thetford
Best, H. W., Thetford Norfolk
Betson, Joseph, 21, Ashley crescent, City road
Betson, George, 111, Wapping
Beverley, C. J., Grove house, Hackney
Bidwell, W., Dedham, Essex
Bidwell, H., Dedham, Essex
Bidmell, H., North Walsham
Billing, J. B., Malpas, Yorkshire
Bingham, F., 1, Back Church lane, St. George's, East
Bird, H., Caroline place, Hamstead road
Bird, J., 16, Orchard street
Bird, J., Croydon
Bird, J. Stockwith, Notts
Birdsall, W., Northampton
Birks, E. B., Pendleton, Manchester
Birtwhistle, W., Skipton, York
Bishop, W. H., Worcester
Bishop, J. G., Maidenhead
Bishop, H. C., South Hetton, Durham
Bishop, J. D., 5, Rochester terrace, Stoke Newington
Bissett, J., Rye lane, Peckham
Black, C., Chesterfield
Blackburn, W., Upper Mill, Saddleworth
Blackburne, T. S., Camden street, Liverpool
Blackshawe, J., Stockport
Blackmore, J. T., 24, Old street road, Shoreditch
Blackman, Chas. T., 30, Jubillee place, Commercial road
Blade, C., Tattershall
Blades, C., Tattershall, Lincoln
Blagdon, J. A., Petworth, Sussex
Blagg, F., Leverton, near Retford
Blake, V. W., Ditching
Blanchard, T., 17, Upper Ebury street, Pimlico
Blanchard, R., 21, High street, Poplar
Bland, C., 5, Mount Etna, Mile End
Bland, J., Macclesfield
Blasson, T., Billingborough, Lincoln
Blatch, H., 22, River street, Mydledton square
Blatherwick, J., Fareham, Hants
Blatherwick, T., Titchfield, Hants
Blaxland, J., Tunbridge Wells
Blaxland, W., Camberwell
Bleeck, A., Bristol
Blenkarne, H., 39, Dowgate street
Bletchley, E., Hawkesbury, Gloucester
Blewitt, W. L., St. Mary's, Scilly Islands
Blick, R., Sutton Coldfield, Warwick
Blisshoppe, H., Hambledon, Surrey
Bloomfield, H., 3, David Place, Poplar
Bloomfield, N. R., 125, Wapping
Blower, B., Stafford street
Bloxam, W., 28, Duke street, Grosvenor square
Bloxham, —, Portsmouth
Blue, S., 186, High street, Poplar
Bluett, R., Penryn, Cornwall
Blundell, Argent, Landport, Portsea, Hants
Blundell, J., St. Helen's, Lancashire
Blyth, S. R., Bawtry, York
Blythman, R. O., Swinton, near Rotherham
Boast, D., 100, Blackfriars road
Boast, J, 61, Trinity square, Borough
Bodington, George Sutton Colefield, Warwick
Bodington, Wm., Kenilworth
Bodkin, T., 3, St. James place, Bermondsey road
Bogg, John, Louth
Boley, R., Montpelier, Bristol
Bolton, A., Ebchester, Durham
Bolton, J., Chesham, Bucks
Bolton, Robert, Wandsworth Road
Bomford, J., Camden row, Camberwell
Bompas, Charles S., 57, Queen's square, Bristol
Bond, J., Nuneaton, Warwick
Bond, Joseph A., Polesworth
Bond, E. T., Stoke Newington
Bonde, W. G., Newton Bushell, Devon
Bonney, F. A. B., Brentford
Boodle, R., Chilcompton, Somerset
Booth, S., Huddersfield
Booth, James, Little Town, near Birstall, York
Borrell, —, 53, Mount street, Lambeth
Borroughs, W. G.
Borthwick, W. T., Orsett, Essex
Bossy, F. W., East Road house, City road
Boston, G.
Bortock, J. S., Horsham
Boulger, E., Bletchingly, Surrey
Boulter, J. S., 11, King's road, East, Chelsea
Boulton, B. J., Horncastle, Surgeon to the Dispensary
Boulton, D'Arcy, Leamington
Boulton, T., Northleach, Gloucester
Bourn, T., Horsham
Bourne, H. C., Charter house square
Bouthrone, W., (M.D.) Cross house, Craile
Bowden, W. J., Ware, Herts
Bowe, J., Cross House, Craile
Bowen, Henry, Hemel Hempstead, Herts
Bowen, J., Narbeth, South Wales
Bower, B., Stafford street, Liverpool
Bower, A., 102, Curtain road, Shoreditch
Bower, M. N., 95, Hatton Garden
Bower, W., 101, London Wall
Bowes, R., Richmond, York
Bowie, John, Hambrook, Birstall
Bowkett, T., 6, Felix place, East India road
Bowling, John, Hammersmith
Bowman, C., Leicester
Bowman, E., Carlisle
Bowman, J. Workington, Cumberland
Bowra, H. G., 12A, Charter house square
Bowyer, A., Wenlock, Salop
Boxall, H., Wisboro' Green, Sussex
Boxall —, Middlesex Hospital
Boyce, W. N., Windsor
Boyton, John Edward, Watlington, Oxon
Boyle, P. A., 31, Cardington street, Euston square
Bradbury, Uriah, Mirfield, West York
Brady, C., 194, Blackfriars road
Brady, John, 194, Blackfriars road
Bradley, N., Leigh, near Rochford, Essex
Bradley, O., Kirby Stephen, Westmoreland
Bradley, R. H., Trafalgar road, Greenwich
Bradley, T., Leigh, near Rochford, Essex
Bramley, W., 43, Norfolk street, Strand
Brandon, R. T., 44, George street, Portman square
Bradshaw, —, Huddersfield
Bradshaw, W., St. Mary Church, Devon
Brady, J., Bristol
Brainsford, C., Haverhill, Suffolk
Bramwell, W., North Shields
Branfoot, J. H.
Brayne, H. R., Banbury, Oxon
Brayne, Robert, Banbury, Oxon
Breadell, J., Vauxhall
Brealey, B., 141, Kingsland road
Breary, C. B., 73, Great Portland street
Bree, W. N., Slough
Brendon, P., Highgate
Brent, R., Bath
Brett, W., 6, Warwick street, Golden square
Brett —, Stoke Newington
Brew, C. A., East Retford
Bricknell, E., Coventry
Brickwell, J., Tottenham, Middlesex
Brierly, Samuel, Ashton-under-Lyne
Briggs, W., Manchester
Bright, J. R. D. P., 12, Cambridge square
Bristowe, J. S., 2, North Addington place, Camberwell road
Brittan, F., Clifton, Bristol
Britton, W. S., 29, Henry street, Avenue road
Brodribb, W. P., 12, Bloomsbury square
Bromley, C. N., Stafford
Bromley, H., Rippingdale, Folkingham, Lincoln
Brooking, E. H., Buxham, Torbay
Brooks, J. H., Henley, Berks
Brookes, W. P., Cheltenham
Broughton, H. H., Saddleworth
Broughton, R., Ruyton, near Shrewsbury
Brownbill, T. F., Salford, Manchester
Brown, A., Steeple Bumpstead, Essex
Brown, H. M., Kineton, Warwick
Brown, H., Windsor
Brown, J., Oak house, Hammersmith
Brown, Jno., 11, Suffolk place, Lower road, Islington
Brown, Isaac B., Oxford square, Hyde park
Brown, Thomas, 10, Fenchurch buildings
Brown, G., Kensall Green
Brown, T., 2, Little St. Mary Axe
Brown, W., 29, Chester street, Grosvenor place
Brown, J. D., Haverfordwest
Brown, P., Tunbridge
Brown, Robert, Preston
Brown, S. C., Shillingford Cross, near Exeter
Brown, T., South Molton, Devon
Brown, W. B., Sunning Hill, Berkshire
Browne, W., 8, Upper East Smithfield
Browne, W., Camberwell Green
Browne, R. F., 13, William street, Knightsbridge
Browne, B. M., Chudleigh, Devon
Browne, E., Talgarth, Brecon
Browne, R., Croydon
Browne, T., Saffron Walden
Browne, William, V., St. Asaph, North Wales
Browne, J. H., 27, Euston square
Brownfield, J., Norwich
Browning, C., 20, Dorset place, Dorset square
Broxholm, R. G., Sudbury
Browse, H. J., Paignton, Devon
Bruce, A., 26, Montague street, Portman square
Bruce, J., Liverpool
Bruce, S. B., Ripon, York
Bruce, S. B., Ripon, York
Brumfit, W., Shipley, near Bradford
Brunton, J., Turvey, Bedfordshire
Bruorton, W., Wincanton, Somerset
Bryan, J. M., Northampton
Bryant, W. J., 50, Edgeware road
Bryant, E., 29, Wellington road, St. John's Wood
Bryant, J., 173, Kingsland road
Bryant, J. C., Colebrook Villa, Finchley
Bryant, J. W., Westbury-on-Trim
Bryant, S., Bristol
Bryant, S., Bristol
Brydges, B. K., 28, Coppice row, Clerkenwell
Brye, John, Christchurch, Hants
Buck, J., Burnham Market, Norfolk
Buchanan, A., 61, Broad street, Ratcliffe
Buchanan, G. A., 50, Middleton square, Spa fields
Buckell, L., North Pallant, Chichester
Buckland, J. L., Shaftesbury, Dorset

(To be continued.)

THE INSTITUTE MEDICAL JOURNAL.

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MEETINGS OF SOCIETIES.

MEDICAL SOCIETY, Saturday, December 7th, at 8 P.M.
MEDICO CHIRURG. SOCIETY, Tuesday, 10th, at 8½ P.M.
ZOOLOGICAL, Tuesday, 10th, at 9 P.M.
MICROSCOPICAL, Wednesday, 11th, at 8 P.M.
PHARMACEUTICAL, Ditto, at 9 P.M.
MEDICAL, Saturday, 14th, at 8 P.M.

THE INSTITUTE.

LONDON, SATURDAY, DECEMBER 7, 1850.

IN our last number we printed, from one of the papers of Transactions, dated July, 1845, the names of the gentlemen forming the Committee of the National Association of General Practitioners. We also presented our readers with a reprint of certain Documents relating to Medical Reform, and bearing date some months prior to the formation of the Committee. These extracts, we hope, will have been satisfactory to our readers, inasmuch as they have tended to show the rapid growth of the Committee, and the intense anxiety then evinced throughout the country, by gentlemen in general practice, for the establishment and organization of a new and independent College of their own.

In the present number we have given a portion of the list of the members of the National Association, as it stands in the paper of Transactions of the aforementioned date; and although their number has been reduced since that period, by death and other causes, yet it is estimated that nine-tenths of this large body still remain; and it is our intention from time to time to reprint their names precisely as they stood in the original list.

Our object is to furnish the General Practitioners with as complete a list as can be found of that numerous body of men, whose names stand recorded as unanimously desiring an extensive reformation in the Polity and Medical Institutions of the country, and also for the purpose of enabling Practitioners in Medicine and Surgery, throughout the length and breadth of the land, to ascertain at a glance how far their individual opinions may have coincided with those of their immediate neighbours. We wish particularly, in this matter, to ascertain to what extent, and upon what points in Medical Reform, the profession is itself agreed, and we know of no plan better calculated to accomplish this object, than the one we have now adopted. We believe that the differences of opinion which have hitherto distracted the sincere and ardent reformer, exist more in the imagination than will be proved to be the case in reality; and we doubt not, that when a fair exposition of the principles advocated by each party are once more discussed in a temperate and accommodating spirit, that the opprobrium which now attaches to the Medical Profession, as an "impracticable body," will be removed, and a fair and equitable adjustment of the matter in dispute be attained, without disparagement to either the Medical Institutions, or to the noble profession of which they are the responsible heads—and this without prejudging the question whether it is to be accomplished by the existing Institutions, or by the formation of a new and independent College.

MESMERISM.

THE frequency with which Mesmerism has been discussed in our pages, the numerous letters we have received relating to it, and the great diversity of opinion contained therein, induce us once more to make a few comments upon this subject.

As journalists, we feel bound to insert the communications of all sincere men, how egregious soever their views may seem. All have a right to an opinion, and we have pleasure at all times in affording opportunity to our subscribers and others for expressing their sentiments: and one of the purposes for which this Journal was instituted, is served, so long as they simply put forth their opinions without dogmatizing or losing temper. The case is, however, somewhat modified when men write positively, either in contradiction or support of theories regarding which no certainty has hitherto been attained, or on subjects which cannot be shown to belong to physical science,—such as Mesmerism. There are certain things on which there must always be difference of opinion, because they do not come within the range of true science. Some persons, for instance, believe in ghosts, haunted houses, and all such phenomena; but it by no means follows that they are therefore to be quarrelled with, for we hold that one man's opinion is as good as another's, until proved to be erroneous. Were Mesmerism confined to non-professional persons, it would not engage our attention, or be more worthy our notice as promoters of science, than the belief in ghost stories; and it is only because a few deluded medical men and others have striven to make it appear a valuable department of medical knowledge, that we ever take up the matter at all. Neither is it with any fear of Mesmerism proving so popular as to call for a professorship in any of our universities: our sole object is to remove the disgrace which has necessarily been brought upon our high and noble profession by the manner in which some ardent imaginations have thrust it forward as an important branch of the healing art.

Admitting that all the marvellous stories of its promoters were true, admitting that it were even possible to raise the dead by its means, how could its most zealous advocates prove the adequacy of the means to the result? What room for science in the matter at all? There would certainly be the miracle staring them in the face, but there would be no scientific elucidation of the matter. Let not our readers suppose we believe such things. We are taking the Mesmerists on their highest ground: during the many years the public ear has been abused with it, they have not given any pathological or physiological proofs. Were any one of our brethren to say of chloroform, or æther, that the effects which followed were owing to spiritual agency, we should at once tell him he had not made himself acquainted with the science he professed; for it is easy to prove that the consequences produced by chloroform are dependent upon the physical action of chloroform itself. Mesmerism admits of no such proofs. But if men honestly come forward and say that there is something in it which they cannot explain, they

are welcome to their belief in it, as freely as to their belief in any other nursery tale. But we reiterate our protest against mixing up the subject with the medical art, and we will never rest until it has been exterminated from a profession which ought to be devoting itself to higher and nobler aims.

As we have before stated, we are not finding fault with any man for his peculiar notions; but among other things on which we have set our hearts, is the crushing of quackery in each and all of its detestable forms; and quackery is not confined to advertising specifics for incurable maladies. Legerdemain, under the disguise of the words Animal Magnetism, is the vilest quackery of all. If, as some of our correspondents affirm, the power exercised be spiritual, then, for Heaven's sake! let us leave it for those whose peculiar province it is to deal with such. If, on the other hand, it can be proved to depend upon a magnetic fluid, we shall be happy to give the subject our best consideration. Our only surprise is, that this wonderful fluid is not to be had, long before this, at the patent medicine venders', in little bottles 1s. 1½d. each, for we are persuaded this is all that is needed to crown the delusion. Again, if its advocates only pretend to state that certain results follow certain manipulations, they state nothing more than has been affirmed from time immemorial; but what, in the name of common sense, has this to do with animal magnetism, or how does it prove that there is such an extraordinary fluid in any animal? We wish our readers distinctly to understand that we are not attacking individuals in their private capacities; we are opposing a comparatively small number of medical men, in their character as members of a body politic, upon which they have brought dishonour. We as private individuals may have many opinions peculiarly our own, not only on the subject of Mesmerism, but on insanity, catalepsy, &c.—all of which might be very strongly expressed were our Journal a miscellaneous one; but to devote its columns to such purposes would be to render ourselves guilty of the very thing we condemn. As journalists, we treat of facts and reasonings in science and literature: all without the range of these we consider quackery, and Mesmerism pre-eminently so. We hope our readers will now be satisfied as to what it is we are combating; and we quit the subject, as the space we have of late devoted to it leaves us in arrear of other and more interesting matter.

With much satisfaction, we allude to the establishment of a new Society called the "Epidemiological Society," which held its first meeting on Monday, December 2nd.; and in another part of our Journal, we have given an account of the proceedings. The object of the Society is stated in the first article of "the Laws" to be the "Investigation of Epidemic Diseases;" and when it is remembered that the ordinary epidemic diseases are constantly prevalent, in a greater or less degree, the importance of an organized Society, possessing facilities for obtaining correct information on the subject, from all parts of the country, will at once appear. That much has been already accomplished by the progress of civilization, and a more exact knowledge of their causes, will be evident to any one who is acquainted with the prevalence of certain epidemics two or three centuries ago, which now exist nowhere but in the literature of the period, and are in truth only matters of history; yet it cannot be denied that this country has of late been visited by epidemics, as to the causes of which no satisfactory solution has been offered; and we anticipate much valuable help from this Society. That its objects may be fully understood, we quote from a little pamphlet issued by themselves.

"It may be stated, then, that the Society purpose—To institute a rigid examination into the causes and conditions which influence the origin, propagation, mitigation, prevention, and treatment of epidemic diseases—to collect and promulgate, with relation to these subjects, such facts as appear to be established on sound and sufficient evidence—and to point out those methods of investigation by which the misleading influence of false or deficient evidence may be best avoided.

"To institnte in this spirit of careful inquiry, original and comprehensive researches into the nature and laws—of diseases connected with soil and climate, of which ague, remittent, and yellow fevers offer good examples—of epidemics, such as typhoid fever, prevailing in towns, villages, or rural districts; in public institutions, as workhouses, prisons, lunatic asylums, and hospitals; in ships, barracks, and encampments—of epidemics, like cholera, appearing in a locality and spreading thence to distant countries—of the eruptive fevers, as scarlatina. It is proposed that such inquiries should include all that relates to over-crowding, to errors of construction affecting the light and ventilation of buildings, to deficient supply of water, to imperfect cleansing and drainage, and to insufficiency of food and clothing.

"Immediately on the outbreak of an epidemic in any place, the society will consider it its special province to institute a searching inquiry, tracing with scrupulous minuteness the history of the first cases.

"In the investigation of epidemic diseases the aim will be, to trace them up to their causes, to examine such causes thoroughly and to ascertain whether they admit of prevention, and if so, by what means.

"The spread of epidemics will form another subject of inquiry; and under this head, the influence of isolation and of unrestrained intercourse will be particularly investigated.

"It will be a further part of the Society's province to ascertain the operation of existing legal enactments which bear upon epidemic diseases—such as those which relate to quarantine; to vaccination; to the sale of unwholesome or adulterated food; and to the removal of nuisances—to inquire into the defects of these enactments, and point out such alterations as may be necessary for the protection of the public health. The Society also propose to communicate with the Government and Legislature on matters connected with the prevention of epidemic diseases.

"The inquiries will be conducted by Committees of the Society, by individual members, and, where advisable, by paid agents; and in the same way it is proposed that scientific and experimental researches be undertaken into chemical, metcorological, and other influences, bearing upon epidemic diseases—apparatus being supplied for such researches.

"To arrive at a satisfactory knowledge of the general laws regulating epidemic diseases, an intimate acquaintance with the rise, progress, phenomena, and decline of past or of extinct epidemics will be essential, so that, at some future period, the Society may be enabled to present a comprehensive history of the various epidemics which have from time to time invaded different portions of the globe.

"The society will solicit the active and organized co-operation of Government Boards, Medical corporate bodies, Public Institutions, and Medical Societies, and will invite the formation of co-operating societies abroad and in this country, grafting the latter, when practicable, on existing medical societies.

"Lastly, it is their intention to receive, to read at their meetings, and to publish original papers and communications—to issue queries—to publish reports—to form statistical tables—to prepare illustrative maps—and to collect works relating to epidemic diseases."

MEDICAL INTELLIGENCE.

MEDICAL SOCIETY OF LONDON.

November 23, 1850.

Dr. J. R. Bennett, President, in the Chair.

PAROTID TUMOUR.

Mr. Haynes Walton brought forward a case of parotid tumour.

A lady sought his advice in January, 1848, on account of a small tumour in the situation of the parotid gland, that had attracted her notice some few months back. As her medical attendant had applied to it all the substances that are supposed to have influence in reducing tumours without any good effect, and as it did not produce any inconvenience, he (Mr. Walton) advised her to let it alone till it became painful, or showed activity in growth, and in either event to call on him. In six months she returned with suppuration over the tumour; the abscess was evacuated, and the parts resumed their former state. The recurrence of such suppuration at intervals of about three months convinced him that the tumour was the offending cause. He, therefore, strongly urged its removal, but consent was not obtained till a very severe attack of suppuration, in the course of the last summer, shattered her considerably, and induced her to desire its removal. On the 20th of October, 1850, Mr. Walton operated, with the assistance of Mr. Coulson. A cast was exhibited to convey a correct idea of the form and outline of the swelling prior to operating. The tumour, after removal, was about the size of a chestnut; it seemed to be made up of a series of cysts, some of which contained granular matter; one or two larger ones, which were distended with a glairy fluid, were cut into during the reflection of the skin. Mr. Walton had previously expressed his opinion to Mr. Coulson, that the mass contained cysts. The operation required great care, for the tumour was very tightly wedged between the ramus of the jaw and the mastoid process. There was but little bleeding during the operation, but secondary hemorrhage ensued, apparently from the whole internal surface of the wound, and nothing that was tried to check it answered, except stopping the cavity tightly with scraped lint, and using strong pressure. The patient made a good recovery, and without there being the slightest facial paralysis.

Mr. Coulson read a paper on the

SUBCUTANEOUS BURSÆ, THEIR ANATOMY, PATHOLOGY, AND TREATMENT.

After giving a sketch of the discovery of the deep bursæ, he proceeded to say that of late years another system had been described, called the subcutaneous. Beclard, in his 'Additions à l'Anatomie Générale, par Beclard,' published in 1821, makes mention of some of these bursæ, calling them subcutaneous; but he does not seem to regard them as a system; on the contrary, he constantly confounds them with the deeper bursæ. At last, in 1825, Schreger published his excellent monograph 'De Bursis Subcutaneis,' in which he unfolds the nature, extent, and situation of these organs, and insists on their being received as one system, distinct from all others. Until this view be clearly comprehended, the pathology of these organs must ever remain obscure, and the treatment of their diseased condition imperfect. These subcutaneous bursæ are situated in various parts of the body immediately beneath the integuments of which they are an appendage. They are connected with, and belong to the subcutaneous cellular adipose membrane, being in no instance continuous with the deep bursæ, or to the tendons, muscles, or bones which they protect. The structures entering into the composition of these bursæ are, first, the capsule itself; secondly, certain filaments traversing it; thirdly, folds or septa, being reduplications of the inner membrane, which may be either partial or complete; and, fourthly, small adipose corpuscular fringes. There is also the peculiar fluid secreted by the interior of the sac. In respect of their being shut sacs, intended to facilitate motion, and to protect opposing surfaces, and as regards also the fluid they secrete, these bursæ have analogies, no doubt, with the deeper bursæ. The subcutaneous bursæ vary somewhat in form, and even perhaps a little in their structure. In the axilla, for example, where they have probably the simplest form, they resemble the cells of a bee-hive piled on each other; in the order of simplicity of structure, those of the groin follow. The mode of formation of these bursæ in the fœtal state illustrates their varieties in the adult; for we find sometimes that the cellular tissue, in no way modified, takes the place of a properly developed bursa, and this is what exactly happens up to the fifth month of fœtal life. At other times, in the adult, we find them small or perfect, but contracted, which means that their development has been arrested. Even the anconal bursa, viewed by Schreger as the most perfect, has been found by other anatomists small, contracted, or scarcely perceptible. Pathological changes, also, by altering the condition of these bursæ, reduce them to the tissue out of which they were formed. Sometimes the interior is filled with a serous fluid, and the walls of the sac are thin and almost pellucid; at other times soft, flaccid, porous, and reticulated, and losing their cohesion; clearly indicating their retrogression to their primitive condition. The fluid secreted by and contained within the subcutaneous bursæ is held by chemists to be an aqueous solution of albumen, combined with saline matters. By the aid of the microscope, we learn that the epithelium common to all articular synovial membranes is absent in the interior of the subcutaneous bursæ. Mr. Toynbee examined some fluid taken from a carpal bursa, and found the gelatinous matter to consist of a transparent, viscid, semi-fluid substance, interspersed through which are rounded and ovoid cells, containing granular matter, and having one or two transparent nuclei attached to their inner surfaces. It would seem that, prior to the second month of fœtal life, these bursæ are open. A remark applicable to the entire system now described, is, that in youth, the capsule is thin and pellucid; as age advances, the bursæ become opaque and yellowish; blood-vessels abound on the exterior of the sac. The subcutaneous bursa with which surgeons are most familiar, is the one situated over the patella. This bursa, the patellar, as it may be called, is of a globular or rather oval shape, the base being usually limited by the extent of the bone. The walls of the sac in contact in the healthy state, are bedewed by a fluid analogous to what we find in the ordinary cellular tissue of the body, performing, no doubt, the function of synovia; like that fluid, as has been already mentioned, it is an aqueous solution of albumen, combined with saline matters. The epithelium investing the inner surface of the articular synovial membrane is not found in the interior of this or of any other bursa. The peculiar glistening fibres already described are found to stretch across at various points, forming septa or partitions more or less complete. In many persons two bursæ, and even three, have been observed developed over one patella, perfectly distinct from each other. The duplication or triplication of the bursæ is not confined to the patellar bursæ, but extends to others. In the popliteal space we usually find three subcutaneous bursæ,—an external, internal, and middle. The history of these is curious; with similar relations to all the others, they yet present, when enlarged, certain peculiarities. Both surfaces against which the enlarged bursa presses being comparatively soft and yielding, the swelling does not assume the distinct globular form which those situated over bones exhibit. There is usually a distinct bursa over each malleolus, but the external malleolar bursa is the one most liable to be enlarged or distended with fluid. At one time it was thought, that in club foot an accidental bursa was formed to protect the integument at the point of greatest pressure, but this notion has been distinctly refuted. A subcutaneous bursa occasionally of considerable size, very generally exists over the distal extremity of the metatarsal bone of the great toe, close to the joint, and the term bunion has been applied to it when inflamed or thickened. Subcutaneous bursæ, corresponding to this system in their anatomical relations and character, are met with over the trochanter major and tuberosity of the ischium, in the groins, and in connexion with the lower part of the superficial fascia of the abdomen. Bursæ belonging to the system exist, also, as has been already mentioned, in the axilla and over the condyles of the humerus. The bursa which may be called anconal, as situated over the olecranon, is well known, and is often enlarged. There is also one over the distal extremities of the radius and ulna, and one on the carpus corresponding to the surface of the os magnum, which is often enlarged. There is a large bursa over the first joint of the thumb, and others, often double, over the first and second joints of the fingers. That bursæ exist in other parts of the body there is no reason to doubt. One is not unfrequently found under the integuments, at the angle of the jaw; and others, extremely minute, and rarely demonstrable, are said to exist under the integuments of the back, corresponding to the spinous processes of the fifth, sixth, and seventh cervical vertebræ. By more extended pathological inquiries others may yet be discovered; for it is by their accidental enlargement that the presence of some of them has become known to surgeons. The symptom to which naturally the surgeon first directs his attention, is the existence of an oval, colourless, elevated swelling in an unusual situation. Should he happen not to know of the previous existence there of an original bursal apparatus for the protection of the integuments, and for facilitating motion, he is at first lost in conjecture as to what the swelling may be. This has often happened. But, aware of the existence of the superficial bursæ, and of the localities they constantly occupy, the first glance of the case not unfrequently reveals to him all he requires to know. He need not, therefore, dwell on this symptom,

remarking merely, that the tumour may be small or large, moveable, colourless, or deeply inflamed, or occasionally ulcerated on its surface, and discharging pus and serous-looking fluid; or by long neglect and the influence of time, it may present itself to the surgeon as a firm unyielding tumour, without fluctuation or elasticity. Even when uncomplicated, the enlarged bursæ occasionally, though not uniformly, give rise to symptoms meriting attention in a history of these affections. A certain amount of inconvenience is often felt, varying in intensity with the volume, situation, and condition of the swelling. The enlarged anconal bursa, for example, may attain a considerable size, and yet give rise to no more inconvenience than a slight sense of weakness after fatigue; even the patellar bursa may be enlarged without proving troublesome to the patient; but in others, and these, perhaps, form the majority, it is otherwise. Those in the hand, the carpal especially, cause a great sense of weakness; they are unseemly, and the deformity becomes so unpleasant to the patient, as to induce him to request the removal of the swelling at all risks. In like manner, those over the malleoli deform the foot, and cause other inconveniences. Much lameness often accompanies the enlarged patellar bursa, whilst the enlargement of the bursa over the first joint of the great toe produces, not unfrequently, intense suffering; inflammation and suppuration follow; and death has been known to supervene from such a cause, when injudiciously interfered with by the surgeon. Generally speaking, then, the symptoms indicating the presence of an enlarged bursa are sufficiently well-marked to lead to a correct diagnosis. A knowledge of the course of the tendons will enable the surgeon to discriminate between an enlargement of a superficial bursa, and that more troublesome and dangerous affection, the enlargement of the deep or profound, and he will regulate his treatment accordingly. These swellings, then, interfere with the free use of the limbs in which they happen to occur. The integuments may inflame and suppurate, and in this condition the case may, for the first time, be brought to the surgeon. If neglected then, they cause intense suffering. The cause of the pain is not uniformly the same. In the enlarged bursa over the great toe for example, considerable pressure may be endured, provided a corn has not happened to be induced by that pressure over the enlarged bursa. When this happens the pain becomes intolerable, and is seemingly disproportionate to the other symptoms or appearances; but it is well to know this, for the partial removal of the corn by the knife will often give immediate and great relief. There is a symptom very generally present; it is a tingling sensation running down the limb; there is also a tenderness on pressure, amounting to pain and stiffness. All these symptoms merit attention. The position of the enlarged popliteal bursa neccesitates a careful diagnosis; it may be mistaken for abscess, and for other still more dangerous affections. It is sufficient merely to caution the surgeon on this point. The detection of enlarged bursæ in the axilla and in the groins, and the discriminating them from other diseases, will require occasionally great attention on the part of the surgeon. Enlargements of the superficial bursæ have frequently no doubt been confounded with encysted tumours; their sequelæ also present difficulties in the way of a correct diagnosis, to be overcome only by a careful observation and history of the case. Enlarged bursæ may be either simply enlarged, or the enlargement accompanied with inflammation and all its usual appearances. Erysipelas may arise in the course of the disease, or at least edema of the superficial fascia or cellular layer in which the bursæ are situated. The contained fluid, which in health merely bedews the surface of the sac, increases in quantity, and alters more or less in quality. Originally, perhaps more complex than chemists suppose (such at least seems to have been the opinion of Schreger), it may undergo further changes, as a result of chronic or acute inflammation. At times the fluid resembles the outer layers of the crystalline lens or the vitreous humour; that is, it partakes more of the character of a semi-solid than of a liquid; at other times it is much more fluid, or it is more serous, obviously less abounding in albumen. The semi-fluid substance has sometimes a yellowish appearance, at other times a reddish hue; sometimes it is very fluid, of a dark, dirty colour, the product no doubt, of inflammatory action. The sac may be wholly obliterated, or its walls so greatly thickened and condensed as to represent a solid tumour; or the enlarged bursæ may show a dropsical character, with softening of the inner membrane, perforations and enlargements of traversing tendinous cords. The absence of many of these bursæ may depend, no doubt, on their obliteration in early years, the result of blows, pressure, or other accidental violence. The morbid appearances found in connexion with the enlarged bursa of the great toe, have little or no reference to the bursa itself, but to the deformity caused by the simultaneous displacement of the metatarsal and digital bones of the great toe itself. Nevertheless, when, by a separation or spreading out of the distal end of the metatarsal bone, the head or extremity of the first metatarsal bone becomes so prominent on the inner side of the foot as to be mistaken for an osseous tumour, the integuments passing over it become much attenuated in those cases where the deformity occurs in the adult. If congenital, or occurring in early years, no such attenuation happens. The bursa itself, on dissection, presents a variety of morbid appearances, according to the progress made by the displacement of the metatarsal bone, and of the phalanges of the toe itself. The ligaments also undergo changes. Fungous growths have been seen springing from the inner surface of enlarged bursæ; and ill-conditioned sores are also sometimes present, depending partly on the nature of the surfaces affected, partly on the constitution of the patient.

Causes.—A variety of causes likely to produce enlargement and subsequent disease of the superficial bursæ have been stated by systematic writers. Unfortunately, however, by confounding these organs with the deep bursæ and synovial sheaths of tendons, or by a meagreness of detail, many otherwise interesting observations have failed to improve our knowledge of the disease. The formation of accidental bursæ has been shown to be in every instance doubtful, whether on the prominent part of the spine in deformities of this column, or in any other part of the body. The inflammation and enlargement of the bursa over the great toe, happen how it will, is merely an enlargement of a bursa already existing there, and not a new formation. Enlarged bursæ are frequently ascribed to severe pressure, sudden or long-continued; to blows, or other external violence; and to such a cause no doubt, many cases may be traced. At other times, bursæ enlarge wholly independent of any such causes. It has been usual to speak of the enlarged patellar bursa as "the housemaid's knee," of enlarged anconal bursa as "the miner's elbow," &c.; but many causes of enlargement of these bursæ cannot be so explained. Thus, then, they not unfreqnently originate without any assignable cause. It has been said that corns and bunions (diseases very opposite in their nature, though, strangely enough, associated in surgical works), and enlarged bursæ, ganglia, and tumours, and by whatever still stranger names these diseases have been called, are much more numerous among the rich than the poor. Of this he (Mr. C.) however, had his doubts. The mechanical causes assigned for the production of the enlarged bursa over the great toe, and for the deformity of the foot so frequently preceding enlargement of the bursa, and giving rise to it, can be distinctly refuted. He alluded more especially to the theory, that such deformities and diseases are caused by tight shoes. It merits notice that those who stand out most for the efficacy of mechanical causes in the production of such diseases, have uniformly avoided offering any explanation of the circumstance, curious enough in itself, but admitting of an explanation, were this the place to offer it, that the disease just alluded to (enlarged bursæ in the deformed foot) appears first not unfrequently in one foot, and is even confined to that foot, be it right or left; whereas, if a rigid shoe were the producing cause, both feet ought clearly to be affected simultaneously. Again, when enlarged bursæ occur, which cannot be traced to any mechanical injury, it not unfrequently happens, that they occur at once in both limbs; this need not surprise us; the laws of symmetry go far to explain the occurrence. Some have carried the idea of the production of enlarged bursæ by accidental causes so far, as to include under the same category, the actual formation of the healthy sacs creating the system. They have also found bursæ in situations where he (Mr. Coulson) has never observed them: namely, around corns, and between these semi-horny productions and the true skin; but no such productions exist in so far as he (Mr. C.) had observed. Nor are they required to explain the intense suffering arising from pressure over a corn; the wedge-shaped body is at that moment slowly but surely growing inwards, piercing the true skin, and tearing its delicate structures asunder. Take off the pressure or remove the offending wedge, and the pain ceases. It has been shown that many of the subcutaneous bursæ of the body are occasionally wholly absent, or, in other words, never were present. In this sense, then, they are not essential structures, at least not in these persons. But it has also been proved, that such bursæ, when enlarged, may be obliterated by pressure, or the same result may be effected by pressure and puncture combined, or by inflammation, suppuration, granulation, and consequent adhesion of surfaces; or, lastly, when losing their original character, they have attained, by means of fibrinous deposits, the appearance and nature of a solid tumour, they may be extirpated by the knife, and so altogether removed. These considerations aided by a sound anatomy and physiology, which we owe chiefly to Schreger, led him (Mr. C.) to the adoption of a simple mode of treatment,

applicable to most, if not to all, cases of enlarged bursæ. Suppose a case of enlarged bursa, unaccompanied with any other affection, no matter where placed, presents itself—that of the great toe need form no exception—an enlargement of the natural patellar, anconal, or malleolar bursa; the question arises, How is it to be treated? Abundance of evidence exists to show that the treatment by rest and pressure, simple friction, blistering, friction with mercurial ointment, iodine, &c., all but uniformly fail in effecting a permanent cure. When these fail, recourse is had to a puncture, which, made with a lancet, amounts generally to a short incision; or an incision, more or less extensive, is made into the enlarged bursa, the contents evacuated, and pressure applied. This method no doubt succeeds, but it is unnecessarily severe, and is not unattended with danger, even in the uncomplicated class of cases. But it not unfrequently happens, that before the surgeon has seen the case, inflammation of the integuments and of the superficial fascia in which the bursa lies has set in with more or less severity. Now, in such cases the modes of treatment alluded to are clearly inapplicable, and have occasionally been attended with very serious results. Mr. Key, in an excellent memoir on ganglia or bunion, distinctly refers to a case, in which death happened from the incautious interference of the surgeon. He is speaking of the enlarged bursa on the great toe, which complaint, when complicated with the peculiar deformity already spoken of, he calls bunion. "I have known," he says, "gangrene of the foot and death ensue from opening an inflamed and suppurating bunion, (enlarged bursa of the great toe); and, in three cases, exfoliation of the bones, with a most tedious and painful suppuration of the surrounding structures." He condemns all interference in such cases, in which opinion, he (Mr. C.) coincided, although maintaining very different views as to the nature of the affection from those of the distinguished surgeon he had just quoted. The mode of treatment he prefers to all others, is simply the puncturing of the enlarged bursa with a grooved needle, such as is used for exploring tumours and swellings of doubtful character. After the evacuation of the contents, pressure is applied by means of soap-plaster and bandage; this is renewed from time to time, and a puncture of the sac repeated if necessary. The results are uniformly a permanent and safe cure; if to these be added the almost painless nature of the operation, there is in this mode of treatment, all that is satisfactory to patient and surgeon. When the enlarged bursa becomes seriously inflamed, we should endeavour, by rest and other means, to subdue the inflammation; nevertheless, a puncture such as has been described may be practised, even in these cases, with advantage to the patient. In cases of long standing, when the enlarged sac has put on the appearance of a sarcomatous tumour, excision is no doubt the remedy, having a due regard to the integument, and the recovery of the patient. Sometimes the integuments over the bursa ulcerate; under these circumstances, pressure may be employed, as in cases of simple puncture. The mode of treatment by the seton has been strongly recommended by many good surgeons, and he had himself adopted it with success; but a more enlarged experience has convinced him that this treatment, besides being tedious and unnecessarily severe, is not on all occasions unattended with danger. It is only applicable to those cases where the question arises as to their destruction by the seton, or removal by the knife. No cases of enlarged bursa have attracted more attention than that of the great toe. When painful and enlarged it is difficult to treat, for reasons already partly explained. So much confusion prevails in surgical works as to the true nature of the proper method of treatment of this troublesome bursa, when enlarged and inflamed, that he hoped to be excused if he again directed attention to it. The bursa situated on this part may become enlarged and painful, like any other superficial bursa, and require for its relief and cure the treatment he had recommended; but that which in a peculiar manner complicates the pathology of this enlarged bursa, is the accidental deformity caused by a projection inwards of the digital extremity of the first metatarsal bone, the phalanges of the great toe itself turning outwards to such an extent as to overlap or pass under those of the second,—a deformity, in fact, amounting to dislocation all but complete. As the metatarsal bone recedes more and more from the second, the digital extremity seems to enlarge, causing a remarkable prominence inwards of this part of the foot. In the mean time, as the deformity increases, the bursa is placed daily under a pressure more and more severe; the same shoe no longer fits the form of the foot, now much broader in the distal extremity of the metatarsal region; the bursa enlarges, becomes extremely painful; a succession of bursæ form on the same spot, they open, and perhaps suppurate; and cases are stated to have occurred in which the joint itself has been laid open, and caustic applied to the inner projecting portion of the metatarsal bone, as if it were a morbid growth. The disease, then, in its most aggravated form, that is, when complicated with this deformity, consists simply in an inflamed bursa, generally produced by pressure, with a partial dislocation of the great toe, mainly dependent on a displacement inwards of the digital end of the metatarsal bone. As these two affections are quite distinct, though often confounded, the causes giving rise to the deformity need not here be inquired into; it will be sufficient to observe that tight shoes, or, rather, shoes no longer fitting the altered form of the foot, however they may give rise to an enlargement of the bursa, in no case produce the deformity: for it is now universally admitted that the deformity is most frequently congenital, or comes on in very early life; that it occurs in hundreds who never wore shoes or boots; and that, even when present, it does not necessarily give rise to enlarged bursæ. The cases which most frequently come before the surgeon occur in persons who get the deformity after the meridian of life. The deformity takes place as a result of the weakening of those structures binding together the metatarsal bones; the larger one recedes from the second, and the muscular forces, acting on the great toe, assist in adding to the deformity, by causing it to approach the others. The treatment of such complex cases is exceedingly difficult; it is here that rest in the recumbent posture becomes absolutely necessary; the inflammation must be subdued, or allowed to subside; should a corn have formed on the enlarged bursa, it had better be cautiously pared down, as the skin has probably become much thinner over the bursa. When the foot has become tranquil, other questions arise as to the treatment, chiefly bearing on the form of the shoe; a boot, properly made, of very soft leather, such as is worn in France, may be used without aggravating the complaint; shoes, he thought, are bad, as they necessitate a somewhat tight ligature over the instep; this causes intense pain immediately below it, or nearer to the toe. In time the integuments may and do become accustomed to the form of the foot, and the bursa no longer enlarges. This, he said, is the ordinary course of events, even in cases, by no means infrequent, where the deformity has proceeded to its greatest extent; when the deformity is natural to the person, the bursæ do not generally enlarge, and therefore give little or no trouble.

Saturday, November 30th, 1850.

Dr. J. R. Bennett, President, in the Chair.

THE ARTIFICIAL OVIDUCT.

Mr. J. B. Brown exhibited a morbid preparation taken from one of the patients on whom he performed his operation for artificial oviduct in the treatment of ovarian dropsy, as lately detailed by him before the Society. The case was that of Mrs. L., who lived between four and five months after the operation, and died of paralysis and disease of the brain. This preparation showed that perfect adhesions had been established between the multilocular cysts and the abdominal parietes; the largest cysts having been extruded *en masse* in a decomposed state six weeks before death. The fistulous opening then was only large enough to allow the introduction of a probe. The cyst into which this opened was undergoing the necessary process for destruction, and it was evident that, had she lived, the breaking down of three other small ones would have been accomplished. In this specimen the uterus was healthy, and the other ovary free from disease. Mr. Brown remarked, that it clearly showed the practicability of accomplishing the formation of an artificial oviduct in similar cases of ovarian dropsy; but that the best mode of performing the operation remained to be tested by experience. He was of opinion, that in future cases he should make a much smaller incision at first, and probably apply a piece of sponge over the opening during the escape of the fluid in the after-treatment, in order to prevent the admission of air. He also remarked, that he was glad to be able to add most valuable testimony in favour of the *principle* of the operation. Since he read his papers he had heard from Dr. Fergusson that the operation had been performed several times in Paris with success, but that adhesion of the sac to the abdominal parietes was effected by *pinning* the cyst to the walls of the abdomen some days before making the opening. He had also heard from Mr. A. Ure, of a case *successfully* treated by the *lateral incision* in Germany, and in this week's number of the *Provincial Journal*, a case was recorded of an "ovarian tumour cured by incision, followed by suppuration," by Dr. Prince, St. Louis, Missouri. It was taken from the *American Journal of Medical Science*. Mr. Brown hoped, therefore, that now the principle of the operation was so extensively acknowledged, not only in this country, but in France, Germany, and America,

the surgeons of this Society especially, and of England in general, would seriously inquire into it, and report their experience to the profession.

It was resolved, on the motion of Dr. Routh, after some discussion as to the legality of the proposal, that the Council of the Society be requested to direct the attention of the Committee on midwifery and the diseases of women and children, to the question of the operative treatment of ovarian disease, and report thereon to the Society.

(*To be continued.*)

EPIDEMIOLOGICAL SOCIETY.

December 2, 1850.

Dr. Babington, President, in the Chair.

The first meeting of this Society was held on Monday evening, in the Library of the Royal Medical and Chirurgical Society, on which occasion the profession assembled in considerable numbers.

Dr. Babington commenced by narrating the efforts made by Mr. Tucker, the secretary, to obtain the institution of a society for the investigation of epidemic diseases, from the date of his first anonymous letter in February, 1848, to the meeting in Hanover-square rooms, under the chairmanship of Lord Ashley, on the 30th of July last, when the society was finally established, and its officers appointed. He then proceeded to show that the time that had since elapsed had been passed in laying the foundations, and these, he trusted, were solidly effected. Comparing the society to a new street, in which the line of way for a long time seems to make no progress, although all the while great advances are being made in completing the underground work; no sooner is that effected, than the houses begin to appear above the surface, and the evident progress is very rapid. That night, he said, after all their underground work had been completed, the society for the first time rose above the surface, and he hoped that such a superstructure would be raised, that by its beauty and utility it would demonstrate that they had not been working in vain. The foundations of the society consisted in framing bye-laws, arranging the mode of proceeding, and determining, more in detail than a mere definition could convey, what are the objects which they proposed to carry out, and how best they could effect their accomplishment. Dr. Babington then gave a brief notice of epidemics, in the course of which he remarked that the visitations of the Almighty are now inflicted on us through the operation of natural causes (the days of miracles being passed), and these must be discovered and averted. The objects of the society he stated to be, to endeavour by the light of modern science, to review all those causes which result in the manifestation and spread of epidemic diseases, to discover causes at present unknown, and investigate those which are ill understood; to collect together facts on which scientific researches may be securely based, to remove errors which impede their progress, and then to suggest those means by which their invasion may either be prevented, or effectually combated and expelled. The immense progress made by human knowledge, of late years, will be of great advantage in prosecuting such inquiries. Those sciences, more especially, which are applicable to the elucidation of diseases and their causes, may be said to be creations of modern date. Among these he classed Chemistry, especially that department distinguished under the names of Animal Chemistry, Physiology, Meteorology, Statistics, &c. All these, with Medicine, have made immense advances of late years, the improvements and discoveries in which may, in a great measure, be brought to bear on the objects of the society.

Dr. Babington then dwelt on the necessity that existed for the institution of a society to investigate the nature of epidemics. Diseases which affect individuals only, admit of investigation by single observers, and perhaps are best thus studied; but those which affect masses of mankind, and whose ravages are spread over a wide extent of the earth's surface, require the combined efforts of numerous labourers, and the various researches of minds directed to different branches of the inquiry, and contemplating the phenomena from different points of view. They require that observations should be simultaneously carried on in many and widely distant places, in order that deceptions may not arise from causes, which though in appearance general, are really only local and accidental. The government, seeking to advance the interests of the people, should render the society all the assistance it may require. The health of the military and naval forces, as influenced by sanitary arrangements, is within the scope of the society; as are also the proper structure of military hospitals and barracks, and improvements in the accommodation and ventilation of ships. These subjects directly involve the interests of government, and demand their assistance in prosecuting the inquiry. The public, again, are deeply concerned in the progress of the society, as their health and welfare are connected with the inquiries about to be instituted. There are few families who have not lost a member by small-pox, measles, hooping-cough, or scarlet fever,—diseases always more or less prevalent, and respecting all which there are yet many questions remaining to be solved. The length of the radius of infection, the question of mediate contagion to third parties through clothing and other channels, the period of the attack at which the infection in each disease is most active, the length of time that it may exist in an infected locality, and the means of its destruction, have never yet been determined with accuracy. The causes of exemption in individual cases have never been made out; the period of incubation admits of further investigation; uncertainty prevails as to the efficacy of preventive measures; and finally, there is much difference of opinion as to modes of treatment. Interesting questions also remain for solution respecting the plague, yellow fever, and typhus, especially as regard that *vexata quæstio*, contagion. Epidemics of a nervous character, among which Dr. Babington enumerated tarantism, the dancing mania, &c., would also deserve attention. These inquiries, then, being of such universal interest, ought to ensure them the support of all classes of the community. In concluding, Dr. Babington returned thanks to the medical press for its support, and to the Council of the Royal Medical and Chirurgical Society for the use of their rooms for their ordinary meetings.

Infectious Nature of Cholera.—Dr. Bryson, R.N., then read a paper on the infectious nature of cholera, of which the following is an abstract:—

When cholera ceased in these kingdoms in the autumn of 1849, the Director General of the Navy issued a circular letter to those medical officers who had had the best opportunities for observing and studying the disease during its recent invasion, calling on them, besides other questions, to state, "Whether, in their opinion, there had been during the two or three preceding years any atmospheric cause in existence sufficient to account for the general prevalence of cholera throughout the kingdom? and whether, if they had been led to believe in the existence of an epidemic cause, they considered its influence on the human constitution, in particular districts, had been increased or aggravated by the presence of local causes, such as effluvia, gases, or vapours?" If they considered the disease to be contagious or infectious, they were requested to state in detail the principal facts which, from their own experience, they could bring forward in support of that opinion. From the reports sent in answer to this circular, Dr. Bryson's paper was prepared. He first gave extracts from those in which local and apparently independent eruptions of the disease have been described. There were reports from the surgeon of Haulbowline hospital, at the Cove of Cork, and from Dr. Miller and Dr. Rae, respecting the disease at Plymouth: there it first occurred on board a female convict ship, next in the village of Noss, then on board the *American Eagle* emigrant ship, and afterwards in Plymouth itself, spreading thence to Stonehouse, Devonport, Stoke, Torpoint, King, and Cawsand. In all these, with the exception of an inhabitant of Noss, who went on board a fishing-smack from Dieppe, when cholera was raging, and after drinking freely of brandy was seized with the disease, and died, there were not any evidence of infection. Although many cases were brought from without into the Naval hospital at Stonehouse, yet not one of the residents or patients was attacked with the disease in its more malignant form. In June scattered cases occurred at Chatham, and it soon showed itself at Stroud, Rainham, Cliffe, and Upnor. In the Brompton-barracks, which are at a considerable elevation above the town, where there were 4,000 men, no cases occurred, while the marines in a barrack at the base of the same height suffered severely. The residents in Melville hospital, 300 in number, escaped the disease, although a large number of cases were treated in the wards. In the *Havering* convict-ship, cholera broke out in June, first among the soldiery, but it soon extended to the crew; in nearly all the cases the disease attacked its victims shortly after midnight, or early in the morning. The vessel was new, perfectly clean, and no offensive effluvia on board. The seamen were in bad condition, ill-clothed, too closely berthed, and some without bedding. The soldiers were, on the other hand, in good condition, and provided with all the necessaries of life. After the sailors had been removed from their ill-ventilated quarters in the forecastle, to the prison, and the solution of chloride of zinc had been freely used, only one slight attack occurred, although a mild form of diarrhœa prevailed for a while longer. The surgeon did not think the disease infectious, but that it was probably induced by a deficiency of electricity in the air. Dr. Bryson then examined the various opinions that have been brought forward respecting the nature and propagation of cholera, and gave it as his opinion that its origin was neither aerial,

terrestrial, nor *a*-electric. With respect to its aerial propagation, he stated that the disease has spread as frequently against, as with the wind, which could not be the case had the poison or cause been of the nature of a material generally diffused through the atmosphere, and subject to the ordinary laws of matter. If there be any aerial cause, he remarked, it must depend on local emanations. The state of the weather, too, could not be productive of the disease, as its invasion had occurred during all varieties; it being preceded by damp and hazy, or dry bracing weather, heat and cold, and by easterly and westerly winds. Cholera has progressed in its erratic course, seeking out its peculiar victims, uninfluenced by wind or weather, climate or season. Meteoric agencies have no influence; for the relative weight, moisture, and, so far as has been ascertained, the chemical constituents of the atmosphere were everywhere the same, or nearly the same, as they had been through a continuance of years when the disease did not exist. The same remark applies to electricity, for whether it be in a state of tension or relaxation, quiescent or disturbed, we are not aware that it has the slightest influence on the human constitution: it must, therefore, be set aside as an agent wholly inoperative in the causation or propagation of cholera. Cases certainly have occurred, as on board the hulk at Woolwich, the *Ocean's* tender at Sheerness, and the case at Chatham, from the cleansing of a foul ditch, which show the influence of local causes in favouring its evolution, and tend to prove that greater cleanliness, more attention to ventilation, &c., might have prevented the disease; but similar causes were in operation in previous years, without inducing the disease; so that it becomes evident that some other cause besides the exposure to offensive effluvia, must have been in operation to produce the disease at the particular periods in these several places.

The time of the Society having expired, Dr. Bryson was requested to conclude the reading of his paper at its next meeting.

Health of London During the Week.—The sudden increase in the deaths of London, which was announced in the last bill of mortality, has been followed by a more remarkable decrease. The following numbers show the fluctuations in the returns during the four weeks of November:—921, 908, 1,016, and in the week ending last Saturday, 861. The average of the ten weeks corresponding to last, in the years 1840-49, was 1,067, which, if corrected for increase of population, is 1,164; the 861 deaths registered last week are therefore less than the corrected average by 303. It will be seen from a statement of the deaths in three periods of life, that the young, the middle-aged, and persons of advanced years, now participate in an improved state of health:—

	Last Week.	Average of ten corresponding Weeks (1840-49.)
From birth to 15 years . . .	410	503
15 years to 60	289	344
60 and upwards	162	218

But notwithstanding the great decrease in the present return as compared with that of the previous week, it appears that in the class of zymotic or epidemic diseases, the number remains nearly the same. The aggregate of fatal cases by epidemics was in the preceding week 203, in the last 196; whereas in affections of the respiratory organs, the number, which rose to 201, has now fallen to 160. Consumption, which stands in the tubercular class, was 111, and in the following week declined to 96. "Convulsions," which carried off in the previous week 44 children, was recorded last week as the cause of death to 35; and while 48 persons died of "Age," only 24 cases this week are placed under this head. Between the 21st and 28th of November, 8 pensioners died in the Royal Hospital at Greenwich, in most cases of paralysis, or apoplexy. Last week, the deaths from small-pox amounted to 14, all amongst children; and, though it is still below the average, the disease appears to be making progress in the metropolis. In Marylebone, in different houses of a single sub-district, that of Christchurch, no fewer than 6 deaths occurred from "variola, natural" in the week; and the registrars repeatedly mention facts to prove that the children of the working classes, in many cases, are not protected against the disease, owing to prejudice entertained against vaccination. Measles carried off last week 25 children, and it is stated to have broken out in the Pancras workhouse (Camden Town sub-district); scarlatina carried off 30; and 47 persons of various ages died of typhus. Diarrhœa has now declined to 13; and no case of cholera was registered.

Intemperance was fatal to three persons; in one case by producing disease, in another by an embrocation taken internally by a man when in a state of intoxication. In the third case, that of a woman who died suddenly without medical attendant, it is stated that "she had frequently been known to drink a pint and a half of raw spirits in a day; a day or two before her death she drank seven quarterns of rum; whilst she did not consume a shilling's worth of food in the week."

The births of 773 boys and 709 girls, in all 1,482 children were registered in the week. The average of five corresponding weeks in 1845-49 is 1,280.

At the Royal Observatory, Greenwich, the mean daily reading of the barometer on Sunday was only 28·987 in. It gradually rose till Thursday, when it was 30·117, and it was above 30 in. on the two following days. The mean of the week was 29·595 in. The mean temperature, which was 51° on Sunday, continued to fall during the week, and on Saturday was only 33°·8, when it was about 10 degrees below the average. The mean of the week was 40°·5. The mean temperature was below the average of the same days in 7 years, on every day except Sunday and Monday. On the last four days the wind was generally in the north or north-east. The horizontal movement of the air on Sunday was 420 miles, and on the same day the greatest pressure on the square foot was 19lbs.

The following selections are made from the Registrars' Reports:—

In Westminster, St. John the Evangelist, at 2, Rochester-place, Coburg-row, the son of a journeyman plumber, aged 4 years, died of "variola (10 days), not vaccinated." Mr. Pearse, the registrar, states that "in this instance vaccination was neglected from prejudice. This is only the third death from small-pox that has occurred in the present year out of the total number of 588 deaths, though the sub-district is poor, densely populated, and contains about 28,000 inhabitants. This fact must be mainly attributed to the zeal with which the district vaccinators carry out the Vaccination Extension Act."

In Marylebone, sub-district of Christchurch, in Stephen-street, Lisson Grove, the son of a labourer, aged 4 years, died of "variola natural (12 days.)" Mr. Obre remarks, that "the parents of the child do not approve of vaccination. They lost a child five years ago from the same disease, another one year ago; and none of the three had been vaccinated. Their only remaining child, they refuse to have protected from small-pox, although five children of other families have died in the immediate neighbourhood of the same disease within the last three days."

In Pancras Workhouse, the son of a labourer, aged 16 months, died of "rubeola." Mr. Holl states, that "this disorder has broken out among the children in the workhouse, and nine fatal cases have occurred within the last three weeks. The care and attention of the medical officers have, however, prevented the spread of the disease." In the same sub-district, at 25, Essex-street, on 23rd November, the wife of a cabman, aged 51 years, died of "typhus (17 days)." The neighbourhood is poor, and badly drained.

In St. George in the East, St. Paul, at 6, Harper-place, on 22nd November, the daughter of a sawyer, aged 4 years, died of "measles (10 days)." Mr. Chatwood mentions that "this is the third child in the family, that has died of this complaint, in 12 days."

In Poplar, at Tavern-row, Bromley, on 23rd November, a labourer, aged 73 years, died of "general debility, typhus (4 weeks)." Mr. Dunstan describes this as "a low, ill-ventilated, ill-cleansed neighbourhood, consisting of cheap rents."

The following occurred in various parts:—

A looking-glass silverer, aged 44 years, died of "erythismus mercurialis, fever."

A journeyman, aged 26 years, died from "incautiously swallowing (while in a state of intoxication) an embrocation intended to be used externally."

An errand-boy, aged 14 years, "bronchocele (1 year), asphyxia, trachea flattened by pressure of the enlarged gland."—*From the Weekly Return of the Registrar-General.*

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

LXXVI.—On the Etiology of Intermittent Fever and Pulmonary Phthisis.—The Topographic Antagonism of these Affections. By D. Hirsch.—On looking upon the geographical extent of intermittent fevers, we find that they attain their greatest development in the lateral parts of the temperate zone (in the zone situated between the isothermal curves from about 10° to 15° N.). Farther towards the poles these fevers diminish, until they arrive at their polar limit (near the isothermal curve of 7°), beyond which they never appear except when imported. Towards the south, these fevers are more frequent, more charac-

terised, and give way at last to remittent fevers and to the yellow fever, which last we may place between the isothermal curves of 18° and 28° (from the south equator).

The history of these epidemics shows us that they begin in the spring with the intermittent type, and take, with the increase of temperature, the remittent or typhoid character; return in the autumn to the intermittent kind, and cease completely with the first cold weather. Thus the seasons give us the same results as the conditions of the countries. Heat has a great influence in producing and maintaining these affections, at the same time it cannot be considered as the real etiological starting point; without it these fevers cannot exist, but their production with its appearance is not a necessary occurrence. If we now pass to the etiology of intermittent fevers, we shall find two opinions with respect to them, diametrically opposed: the first is, that there are certain modifications of the ordinary atmospheric influences, which act as pathogenic points; the second is, that there are certain unusual materials mixing with the atmospheric air (miasma) that act upon the organism, and produce these affections.

The theory of miasma, producing intermittent fevers by damp exhalations, is found to be wrong in the two following examples:—1st. There are a great many places in the neighbourhood of vast marshes, quite exempt from intermittent fevers. 2nd. A great many places that have intermittent fevers with the endemic character, have not any marshes or damp exhalations. Here the wind has been made to act the part of transmission.

The direct influence of temperature upon the production of these fevers cannot be denied: it acts in this respect in two ways; first, it determines in the organism certain modifications, and secondly, it produces and modifies in different ways the meteorological phenomena. But how is it that these fevers are not most frequent in the hottest part of the year, and that the influence of the disease is not the most felt at the meridian? Among these phenomena, the hydro-meteoric modifications, and the atmospheric electricity are the principal points in the question before us.

There is also an opinion that intermittent fever is caused by a considerable relative humidity of the air, proceeding from continual rain, but above all, from the change of temperature, taken together with considerable quantities of vapour contained in the atmosphere. This theory explains the endemic and epidemic character of these fevers; it shows that at the epochs of the year, or periods of the day, when the humidity of the air is the strongest, —spring and autumn, morning and evening,—these epidemics prevail, and at these times the diseases are contracted more frequently and more easily; this not only accounts for the endemic frequency of intermittent fevers in damp countries, but also for their presence in places where the hygroscopic conditions are good—where no marshes are met with; it enables us to understand how intermittent and remittent fevers can appear on high mountains, and on plains, where vapours arrive, brought from one part by hot and damp winds, and from another by currents of ascending air, to be afterwards condensed with the lowering of the temperature, and become in this way the cause of these affections. We find the same atmospheric conditions in countries where intermittent fever is endemic.

But this theory is also defective in some points; thus, frequently, the coincidence of the sign of an elevated atmospheric humidity is not remarked before the appearance or beginning of an epidemic, and this is important in the endemic production of intermittent fever; also certain countries are placed under conditions of considerable hygrometric elevation, and they are, nevertheless, exempt from endemic intermittent fevers.

Eisenmann has lately developed an exclusively electric theory of the production of intermittent fever; he finds the principal cause of the modifications of the atmospheric electricity in the disposition of the various beds of the earth, which act, according to him, like a galvanic apparatus. The action of these beds is so much the more energetic, as the saline generative liquid of electricity (as, for example, in the inundations produced by the sea in damp grounds, &c., &c.) is abundant, and the atmospherical electricity, thus modified (that is to say, with an extensive force), becomes the cause of intermittent fevers. The growth of vegetables, the respiration of animals, combustion, and other analogous phenomena, are again so many occasional causes by which electricity can be developed, although in very small quantities, in comparison with the quantities of electricity produced by the evaporation and condensation of vapours. Friction, more particularly that of the molecules of the air against each other, in the columns of air against mountains, forests, elevated buildings, and against all the obstacles that are met with in their course, may all be considered as generating electricity. It remains still to be ascertained whether the calefactions of the globe, as Becquerel and Muncke admit, can produce a disengagement of electricity. Eisenmann admits also certain preparatory phenomena passing in the interior of the earth, with respect to the habitudes of atmospheric electricity. The modifications which the organism experiences after the action of very diffusive electricity, considerable or abnormal in its qualities, cannot be denied. But these modifications have not yet been demonstrated, and the data upon which they rest, are only confirmed by a very small number of exact facts. Pallas enunciates the same opinion, only he goes farther; he admits, as well, other means of modifying the atmospheric electricity. He says, that after having been a long time a partisan of the theory of miasmata, he has arrived at the conclusion that modified atmospheric electricity can alone be the cause of intermittent fevers.

It is to be regretted that during the epidemics of intermittent fevers, or in those countries where these affections are endemic, the modifications in the atmospheric electricity have not been demonstrated with certitude; but, notwithstanding, this theory accounts for the presence of intermittent fevers in those countries where, after frequent and considerable changes of the temperature, the evaporation and condensation change continually; for in these two circumstances we find powerful sources of electricity—and, by this, the opinion of those is justified, who find, in an elevated degree of the humidity of the air and of the change of temperature, the cause of intermittent fevers. This theory explains also the greater frequency of intermittents at the period of the greatest condensations (in the spring and autumn), and the most frequent invasion of the disease, morning and evening (at the moment of the maximum atmospheric electricity). It enables us to understand (always taking into account the galvanic batteries of the earth)* the presence of intermittent fevers in damp places, exposed to frequent inundations, &c.; it enables us to understand the endemicity of intermittent fevers in volcanic parts, and the analogous formations; it explains the appearance and disappearance of epidemics, coinciding with the tremblings of the earth or volcanic eruptions, but at the same time it opens quite a new field for medical research.

In recapitulation, we find that intermittent fevers, and affections resembling them, assume the endemic character principally under the following conditions:—1st. In countries situated in the neighbourhood of the sea, or of running water, where the current is not swift, or of marshes, &c., exposed to considerable and frequent changes of temperature, so that a very strong evaporation and condensation of the aqueous parts are constantly occurring. 2nd. In volcanic countries.

We do not know the strength developed under these circumstances, and which is necessary to produce diseases of an intermittent character, even if we admit an electric force as the probable etiological cause; but we are obliged to admit, on the one hand, that this cause is developed under other unknown *exceptional* conditions, and on the other hand, that certain favourable circumstances, also unknown, neutralize and impede its development, as well as its pathological influence. As to the etiology of pulmonary phthisis, it is necessary, before every thing else, to consider the organ itself and the nature of the affection developed in it. Pulmonary tuberculosis represents scrofulous disease localised in the pulmonary tissue; the microscope has demonstrated in scrofulous dyscrasia and in tubercular dyscrasia, according to our view, identical, a special constant result, characterised by corpuscles irregularly formed, much smaller than the globules of pus, quite distinct from molecular granules, &c., &c.; in one word, of all the other elements that may be met with simultaneously, and which present no resemblance to the new products characteristic of other dyscrasia, particularly of cancerous cells.

It is objected, against this identity of scrofula and pulmonary tuberculosis, that it is rare to find phthisical patients affected anteriorly with real scrofula. This opinion is inexact; the succession of these two affections is, on the contrary, extremely often observed, and it is after this succession or this simultaneousness of the two affections in the same subject, that authors, and especially microscopists, have based the dyscrasic identity of scrofula and pulmonary phthisis. This succession, or this coincidence, is not always met with, it is true, especially in acute phthisis.

It is also objected that scrofula is a disease of infancy, whilst the tubercular affection belongs more to adult age; this only proves that this affection, like any other, attacks by preference

* Eisenmann first discovered that there was in the strata of the earth a source of atmospheric electricity; he saw in the different beds of the earth, of which the composition is very variable, galvanic batteries with very energetic action when they contain a great quantity of the generating liquid of electricity (water containing salts). He upholds the electric theory of the tremblings of the earth, and finds in volcanic ground a powerful focus of electric emanations.

those organs that have a predominant physiological action; thus, in children, it affects the skin, the brain, the organs of digestion; at a greater age, it affects the lungs.

Nor can the less dangerous character, and the greater facility for cure, of scrofula, compared with the danger and almost incurability of pulmonary tuberculosis, be considered as a difference in nature between the two affections. The tuberculization of a lymphatic gland, or even of a certain number of lymphatic glands, is not as dangerous to the organism as the tuberculization that has its origin in the pulmonary parenchyma. Nobody can deny what I assert; but this difference does not relate to the nature of the disease, but to the nature of the organ affected. On the other hand, all phthisical patients are not incurable, and all scrofulous swellings are not so easy to cure as is at first thought. First, let us take the scrofulous affections of the stomach and brain, and see if they are as easy to cure. An objection may, perhaps, be taken against the identity of the two diseases, scrofula and tuberculosis, in this particular, that pulmonary phthisis is not met with (or very rarely) in a great number of places where scrofulous disease is endemic; but it is sufficient, I think, to remember that a morbid process may be owing to causes quite different to those which specially direct its action towards a defined organ.

Sydenham has already said:—Phthisis is scrofula pulmonum. Tuberculous affection represents, then, according to our view, the scrofulous affection localised in the pulmonary parenchyma; the endemic character it presents appears to be owing to the following circumstances:—

1st. To the conditions which produce endemic scrofula; which are principally humidity, vegetable or animal emanations in a state of decomposition, an atmosphere which is not often enough renewed, dense, or too little accessible to the solar rays.

2. To the etiological circumstances which act as irritants to the respiratory organs, and the focus of the morbid process. We have, in the endemic point of view, an atmosphere, humid, cold agitated by violent winds, and subject to frequent changes of temperature. From that, one can understand the production of the morbid process, and the special direction towards which it is localised under certain conditions; it is also seen how certain countries, rich in scrofula, may be nearly exempt from phthisis, but the reverse is never met with, and I know no country where pulmonary tuberculosis is frequent, and where scrofula is unknown.

If, now, in respect to topographic antagonism, we resume what we have said, we shall find that a great proportion of the conditions favourable for the production of pulmonary phthisis are not the less so for the production of intermittent fevers; we shall arrive, *à posteriori*, at this conclusion—that the same countries where intermittent fevers are endemic, under the influence of atmospheric conditions, already described, ought to be, at the same time, prolific in scrofula, and consequently, in pulmonary phthisis. If we examine the facts, not only shall we not find confirmation of this law, by virtue of which intermittent fever and pulmonary phthisis ought to be excluded topographically, but we shall also find:—

1. That countries where intermittent fever abounds present also pulmonary phthisis with an endemic character, and often in such a manner that the increase of the one follows directly as the increase of the other. 2. That a great many places, where endemic phthisis is unknown, are equally exempt from intermittent fever—the Cape, for example. 3. That certain places, especially certain large towns, have phthisis to a great extent, without being foci for intermittent fever; though this is an exception to the general rule: it is however explained by the particular conditions in which the individuals are placed (nourishment, habitation, habits, &c., &c.) 4. That certain countries have endemic intermittent fevers, without the occurrence of phthisis. This is also an exception to the general rule; but it may be admitted that intermittent fevers are then produced by other circumstances than the atmospheric influences we have already cited. I may here refer to the presence of these fevers in volcanic places; thus, for example, in the Maremmes, where, according to Salvagnol, phthisis is very rare.—*Nouvelle Encyclographie des Sciences Médicales, August*, 1850, *p.* 225, *from Zeitschrift für die Gesammte Medecin.*

LXXVII.—Two Cases of Poisoning by Arsenic and Remarkable Recovery under the free Use of Tartarised Antimony.—The subjoined cases occurred recently in the practice of Mr. Beardsley, of Heanor, formerly a student at Guy's Hospital. They illustrate forcibly the propriety of producing an early expulsion of the poison from the stomach, by the aid of a quickly acting emetic.

Case 1.—The first case was that of a little boy, six years old, who swallowed a teaspoonful of the white arsenic of the shops. It was left on the floor of the house during the night, for the crickets to eat, and the child getting up first in the morning, found it, and ate it all up. In a very few minutes he was taken ill: there was vomiting; pain at the stomach; excessive thirst; cold extremities; quick and feeble pulse. At this juncture the parents had some Vin. Ant. Tart. in the house, which they administered, and the child appeared better. When Mr. Beardsley arrived and was informed of this, he gave a full dose of the Antim. Tart.; vomiting was freely excited; the bowels were rapidly opened, and the child recovered with no further bad symptoms. The child was not seen to eat the arsenic, and possibly some might have been spilled, but none could be found, and the child was followed down stairs as quickly as possible; but the poison had been swallowed.

Case 2.—The next case was that of a girl, 22 years of age. She bought two drachms of white arsenic, with the intention of poisoning herself. She was observed all Monday to be very unsettled, and refused food at dinner. Just before tea she purchased the arsenic, and, instead of tea, she put the arsenic into a cup, and poured hot water over it, and drank it off. She was immediately seized with violent pain in the region of the stomach; burning heat in the throat, and syncope. Mr. Beardsley was immediately sent for. When he saw her, which was only *half an hour* after she had taken the arsenic, she had cold extremities; very anxious look; pulse quick and hurried; violent pain in the stomach and bowels, which was very much aggravated on pressure.

The fauces had been tickled to excite vomiting, but ineffectually; and an ounce of castor-oil and some milk had been administered. An emetic of sulphate of zinc was now given to her, but as this did not act, six grains of emetic tartar were subsequently administered. Most copious vomiting ensued, and the patient immediately said she was better. She stated that the ejected matter was similar in taste to that which she had taken in the cup, and that it was *sweetish*. Warm water and more emetic tartar (three grains) were administered, and she again vomited two or three times. She took two more doses of tartar emetic, and then violent purging, as well as vomiting, ensued. Next morning she was better; the pain had entirely left her. She took the remainder of the antimonial mixture, and she perfectly recovered; in fact she was almost well on Wednesday; she only felt debilitated on the Tuesday.

In this case, *two drachms* of powdered arsenic were taken in *warm water*, on an *empty stomach*. The treatment was what Dr. Beck says should never be adopted, and yet the recovery was rapid in both cases. It may be mentioned that the girl had some melted butter given to her, before vomiting was established, *i.e.* before the emetic tartar was administered.

Remarks.—The use of tartarised antimony as an emetic has been generally condemned in cases of poisoning, because it has been supposed to have a tendency, during the nauseating stage, to promote the absorption of a poison. The above cases, and some others which might be quoted, show that this danger is of a hypothetical kind, and based on physiological principles, not applicable to the treatment of such cases. If tartarised antimony aids absorption, it very quickly promotes the expulsion of the poison by vomiting; and the latter mode of operation is much more beneficial than the former is injurious. Better evidence of this could not be afforded than that yielded by the two cases here reported. Case 1 was that of a child only six years old. The quantity of poison swallowed was a teaspoonful, about 150 grains, an enormous dose when we consider the age of the patient. Further, it was swallowed in the early part of the morning, while the stomach was empty; and the rapid action of the poison was shown by the very early occurrence of the symptoms. Admitting that the whole teaspoonful of arsenic was not taken, it is quite clear that enough was swallowed to cause death, and the good effect of the tartar emetic was well indicated by its removing the early collapse.—*Guy's Hospital Reports*, 1850.

LXXVIII.—Remarks on Scalp Eruptions. By Henry M'Cormac, M.D., Belfast.—The difficulty attendant on the diagnosis of diseases of the scalp would render their easier discrimination no ordinary boon to the practitioner as well as to the scientific inquirer. As it is, the general practitioner is too often quite unable to discriminate one form of scalp disease from another, but lumps all up together, let us say under the term porrigo, entailing woful confusion in the issue and treatment. There is, therefore, perhaps, no class of diseases more completely handed over to an ill-discriminating empiricism. When we turn to the systematologists, the case is little improved. French and English, they all vary in their definitions. Either they apply the same names to different diseases, or different names to the same disease. Nothing

would be easier than to prove this, were I merely actuated by the vulgar ambition of finding fault.

In the middle ages all, or almost all, cutaneous maladies were termed leprosy,—lepra, of course, among the rest. Of course, also, when every dubious disease of the scalp is termed porrigo or ringworm, porrigo itself will not fail to be of the number. One consequence of this laxity of diagnosis is, that every practitioner has, times without number, cured porrigo—a disease, in reality, very difficult of cure—by means of all sorts of applications. If people could only be got to use their eyes; but every body, though he will not own to it, uses every other body's spectacles, and reads in every other body's big book too, although the great book—the book of books—lies open to us all. It is not, perhaps, harder at bottom to discriminate scalp diseases than others incident to the human frame; but few care to look critically at them, and those who do, mount so many crotchets and quiddities, that too often they might just as well not have looked at all. It would be very desirable that beds should be reserved in hospitals for cutaneous maladies alone. All country incurables should be forwarded, the different forms of scalp diseases would be fully and fairly recorded, and the diagnosis established on foundations unassailable.

It adds sufficiently to the difficulty of discrimination when we find that cutaneous maladies supervene, one upon the other,—that they may co-exist,—and that they undergo transformations, as from vesicular into pustular, from vesicles and pustules into crusts, and from pustules into scabs,—that they may be isolated or approximate, circular or irregular,—in short, totally, or almost totally, changing their form and aspect, in a manner inconvenient enough to builders of systems, but giving very little concern to old Dame Nature, on whose kibes we doctors are so fond of treading, and whom she often and so mercilessly snubs in return. If we were not just so clever,—but we are too knowing by half; and the good mother, who only cares to speak in the vernacular, and knows nothing of strange tongues, slinks off abashed in the presence of so much genius and learning.

Something might be done towards the elucidation of diseases of the scalp by the method of exclusion, rejecting names and alleged pathological conditions, unless the first could be shown to represent a fact, the second to constitute a fact. I would reject the terms favus, tinea, achores, and replace them by that of porrigo, which seems about the most usual denomination, else reject porrigo and choose one of the other terms. However, there can be no objection to employ them all *as synonymes*. The name is of little moment, only let us connect it with the same malady, and that without any needless multiplication of species. Porrigo once strictly circumscribed, the diagnosis of scalp affections becomes comparatively easy. Porrigo, fortunately, is rare, compared with other diseases of the scalp; nevertheless these are incessantly confounded with it. Private practitioners have rarely the means, the inclination, or, unhappily, the competence, to pursue such inquiries successfully. It is hardly to be expected they should prove in unison, when no two writers, perhaps, on cutaneous maladies, use the same phraseology, or recognise the same pathological distinctions. Names, facts, definitions, and assertions, have been bandied about till the subject has lapsed into a very undesirable state of confusion. There is but one porrigo. Porrigo scutulata, favosa, lupinosa, however portrayed in the magnificent folios of Willan, Alibert, and their successors, are one and the same affection. I would here earnestly urge the employment of the daguerreotype. This would give the exact forms and interlimitations of these affections. Afterwards they might be coloured from nature. As for porrigo furfurans, decalvans, larvalis, severally, they are not porrigo at all. The scalp is subject to scaly diseases, lepra and psoriasis for example, but never, so far as I have observed, unless when the rest of the surface is implicated. I may here remark, by the way, that psoriasis is very distinct from lepra, though in some respects it may resemble it; also, that it is vastly more frequent. I have known psoriasis to occur in three, if not four, members of the same family. Pityriasis, dandriff of the head, rarely amounts to disease, unless neglected, or, as it is apt to be, irritated by the too frequent and assiduous use of the small-tooth comb, tearing up the scalp and generating the branny scales which a long-haired brush would much better deal with.

The scalp is subject to vesicular eruptions, or rather to but one vesicular eruption, eczema, for neither herpes nor scabies (itch) is ever seen upon the hairy scalp. Even eczema either co-exists with impetigo, or is converted into it; and as papular diseases do not implicate the scalp, its only maladies, eczema always excepted, and of course the exanthems, might well be esteemed pustular. And as among pustular eruptions of the scalp, of course I am not including variola or its sub-denominations, there are but two, impetigo and porrigo, for acne and ecthyma rarely or never affect the scalp. Impetigo, by this time, should be tolerably well known, and yet it is continually mistaken for porrigo. Impetigo is entirely incommunicable, whereas porrigo is otherwise. Impetigo, it should be clearly and constantly kept in mind, occurs under two forms,—that in which the pustules are psydracious or agglomerated, and that in which the pustules are phlyzacious or scattered. In the former case, the pustules are smaller, and give rise to continuous crusts; in the latter, impetigo sparsa, they are larger, attended with much itching, and, so far as I have seen, pretty equally diffused over the head, coming in successive crops, and ending in small scabs, but not continuous crusts. In three instances, within the last two years, I saw it occur simultaneously severely, and in two members of pretty large families, —without, however, extending farther. Professor Bennett, seems to question the pustular origin of porrigo; but whether this can be established or not, the minute, yellow, depressed pustules or spots, with which the malady commences, with their central hollows, and circular, gradually enlarging crusts, presenting, on mutual approximation and pressure, somewhat of the hexagonal aspect of a honey-comb, and finally, the large, broad, more or less abnormal crusts or scabs, yield quite a sufficient basis of accurate discrimination. To this, however, we are enabled to add the cat-like odour of the disease, and the frequent, if not universal, presence under the microscope, of a cryptogamic growth,—which joint indications should, with sufficient attention, complete the diagnosis. Are these cryptogamic growths sufficiently established, however,—are they necessarily present,—or are they merely results of that well-known law by which low degrees of vitality in the living tissues, and even the excretions themselves, become the nidus of parasitic growths, plant or animal; for instance, the soft tartar of the teeth, which, not to mention other secretions, is found to be infested with a microscopic insect? As for the treatment of cutaneous eruptions of the scalp, porrigo in particular, it may be summed up under two indications, of which the first is to remedy the constitutional taint of which the local affection may be deemed the expression, or, at any rate, the correlative; next, to supersede the diseased local action by the judicious alternation of one or more of the very numerous remedies,—the nitrate of silver, for example,—with which our apparatus medicaminum so abounds. —*Monthly Journal, October.*

LXXIX.—Case of Placenta Prævia.—On Sunday, the 18th May, 1847, about eleven o'clock at night, I was requested to see a patient with uterine hæmorrhage in the ninth month of her first pregnancy. Five weeks before she had suddenly been attacked with hæmorrhage, which lasted for a few hours, during which time she lost about a pint of blood. The hæmorrhage then ceased, but returned again with violence after some days, so that she was compelled to remain constantly in bed, the least movement producing a return of the flow of blood. In this state she continued five weeks, subjected to an almost constant draining of blood, and, at times, losing suddenly about half a pint, more especially on excitement, or making the least exertion. Dull pain occurred on the morning of Sunday, with profuse hæmorrhage, which continued at intervals during the day. When I first saw the patient, she was very pale, faint, and restless, and the blood was flowing profusely. On examining, I found the os uteri so high up as scarcely to be reached, and the orifice so little dilated as not to admit more than the point of the middle finger, with which the placenta was found adhering all round to the cervix. I had never met with a more formidable case, as it was not merely impossible to pass the whole hand, but to introduce two fingers to turn the child. A sponge was introduced into the vagina, and pressed up against the os uteri; cold air was freely admitted, and cold vinegar and water applied over the hypogastrium. The hæmorrhage was not restrained in the slightest degree by these means, and at two o'clock in the morning it was obvious the patient would soon sink if not delivered. I then passed the whole hand into the vagina, and carried forwards at the back part the middle finger, between the uterus and placenta, where it was detached so as to reach the membranes, which I tore open, and allowed the liquor amnii to escape. The head of the child presented. Two doses of ergot of rye were given, and a binder firmly applied round the abdomen. For a short time she seemed to rally; active uterine contractions took place, and we hoped that the hæmorrhage would be arrested, and the head expelled, without the employment of any other artificial means; but these favourable appearances soon vanished; the flow of blood again took place profusely, the pulse could scarcely be felt, the respiration was hurried, and she incessantly threw her arms around her; stimulants were freely administered, without effect. At

six, A.M., we resolved to attempt to complete delivery with the perforator and crotchet. The left hand was completely introduced within the vagina, the fore and middle fingers were with difficulty forced through the os uteri, and the head touched, while strong pressure was being made over the fundus uteri. Along the groove formed by these fingers, the perforator was with much difficulty passed up, and the head opened. The crotchet was next introduced along these fingers, and passed through the opening in the head, and a fair hold obtained with the points of the fingers outside the head, and the crotchet within; firm, slow, and gradual extracting force was employed, and in about half-an-hour of great exertion and anxiety, we had the satisfaction of feeling the os uteri gradually dilating, and the head descending through it into the pelvis. There was no hæmorrhage during the operation, which was completed in another quarter-of-an-hour, and in no long time, with a little artificial assistance, the placenta followed. At eight o'clock the hæmorrhage had entirely ceased, the uterus had contracted, and the pulse was in a satisfactory state. In the evening I was informed that this patient was doing remarkably well, without one unfavourable symptom, and the subsequent recovery was rapid and complete.—*Extracted from the Second Edition of Clinical Midwifery, by Dr. Robert Lee, F.R.C.P., London.*

MEDICAL NEWS.

Popular prejudice against Vaccination.—We extract from the Registrar-General's second Quarterly Return for 1850 the following remarks upon this important subject:—

"Although vaccination is actively promoted by the Poor-Law Board, is now performed at the public expense, and affords almost complete immunity from small-pox, it is still neglected to a great extent by the ignorant classes of society. According to an ancient and popular theory, the disease is the elaboration of some morbid principle from the system, which can only be delivered in this way from its influence. The objections to vaccination, grounded upon the theory, are, however, now deprived of all their force by the able and satisfactory investigations of Mr. Ceeley, of Aylesbury. Mr. Ceeley has proved beyond doubt that small-pox and cow-pox are essentially the same disease. He introduced the matter of small-pox taken from man, into the cow, and produced pustules, which supplied lymph, and in children raised pustules possessing the properties of cow-pox, and which have served since for all the purposes of vaccination. Cow-pox then is a modified small-pox; and removes any morbid matter from the system as effectually as the more severe, deforming, fatal type of malady. Some of the objections are excuses for negligence; others are based on a sort of fatalism; but such cases as the registrar of Nottingham records are criminal, and it is to be feared spring from the same cruelty as leads to the sacrifice of children's lives in other circumstances. A woman there who had lost a child by the disease, assured the registrar that 'she would rather lose half-a-dozen children by it than fly in the face of Providence in having one vaccinated!'"

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 29th ult.:—Messrs. Adam Hampson, Bolton-le-moors, Lancashire; William Dickenson Lacy, Newark, Nottinghamshire; Andrew Muskett Blomfield, Barton Bendish, Norfolk; George Alfred Galland, Leeds; Robert Batty, Liverpool; John Ringland, Belfast; Henry Lawrence, Bath; and Edward Humphrey Paget, Leicester. At the same meeting of the Court Mr. William Culhane passed his examination for naval surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date June 6, 1845.

Apothecaries' Hall.—The following are the names of the gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 28:—William Frederick Bassett; Mark Rowland Day, Oxford; George Frederick Gwyn, Long Stratton, Norfolk; Charles William Hammond, Ipswich.

Botanical Society of London.—The fourteenth anniversary meeting was held last evening at the society's rooms, 20, Bedford-street, Strand, Mr. J. E. Gray, F.R.S., President, in the chair. Mr. G. E. Dennes, the Secretary, read the Report of the Council, from which it appeared that fifteen new members had been elected since last year, and that the society consisted of 250 members. Many thousands of specimens of British and foreign plants had been distributed to the members, and increased exertions had been made this year to extend this important department of the society's operations. The report was unanimously adopted, after which a ballot took place for the Council, when the President was re-elected, and he nominated Mr. J. Miers. F.R.S., Mr. A. Henfrey, F.L.S., Vice-Presidents. Mr. J. Reynolds and Mr. G. E. Dennes, were elected Treasurer and Secretary. The members afterwars supped together at the Sussex Hotel, Bouverie-street, Fleet-street.

OBITUARY.

November 22nd. Dr. John Taylor, late Surgeon in the Army, in the 80th year of his age.

November 26th. Maitland Maitland, M.D., at St. Omer, in the 91st year of his age.

At Ordnance Place, Chatham, on the 1st inst., Patrick Brodie, Esq., late Assistant-Surgeon, 13th Light Infantry.

LONGEVITY.

During the past week, four persons died at Greenwich, whose united ages amounted to 371 years, their respective ages being upwards of 86, 90, 94, and 101.

REGISTRATION OF STUDENTS.

From the Report of the Registration of the Students at the Royal College of Surgeons and the Apothecaries' Society, the number of pupils has increased considerably this session. Upwards of 1,000 have registered as students in the schools of this metropolis alone.

EPIDEMIOLOGICAL SOCIETY.

This Society meets the first Monday in every month, at the house of the Royal Medical and Chirurgical Society in Berners-street, who have generously accommodated them for the present.

UNIVERSITY OF LONDON.

M.D. EXAMINATION.—1850.

The following gentlemen have successfully undergone the necessary Examinations for the Degree of M.D.:—

FIRST DIVISION.

Baines, Matthew, King's College.
Barron, Edward Enfield, Guy's Hospital.
Birkett, George, Charing Cross Hospital.
Carlill, John Burford, University College.
Eade, Peter, King's College.
Edwards, William Thomas, University College.
Elam, Charles, Leeds School of Medicine.
Monckton, Stephen, King's College.
Ransom, William Henry, University College.
Sankey, William Henry Octavius, St. Bartholomew's Hospital.
Wilks, Samuel, Guy's Hospital.

SECOND DIVISION.

Ayre, William, London Hospital.
Heale, James Newton, St. Thomas's Hospital.

TO CORRESPONDENTS.

Mr. Jackson.—A number of the Journal was forwarded to the Society by Friday evening's post.

Some of our friends have been kind enough to forward us newspapers and journals, with a view no doubt of drawing our attention to some particular paragraph; but as they have not marked the passages, we are left in doubt as to what they particularly refer.

A Subscriber.—No examinations take place at the Royal College of Surgeons in the month of September.

Thanks to Theophilus Probe, Esq., for his communication in illustration of Medical Poor-law relief; to Anonymous for his relation of a case of Paraplegia; James Glaisher, Esq., of Blackheath; Henry Williamson, Esq., of Rotherham; D. Sinclair, Esq., of Halstead; J. H. Gramshaw, of Gravesend; F. H. Marshall, Esq., of Moulton; Philip C. Hayman, Esq., M.D., Axminster; G. D. Hooper, Esq., of Wotton Bassett; William Cass, Esq., of Cowes; Patrick Brown, Esq., M.D., Leamington, for his communication; Richard Lay, South Molton, Devon; Harvey K. Owen, Esq., Binfield-place, Clapham-road; Samuel B. Buchnill, Esq., M.D., Rugby.

We cannot undertake to insert letters from anonymous correspondents. Those gentlemen who have not given us their names, should do so, not necessarily for insertion but for our own satisfaction.

THE FIRST NUMBER OF THE SECOND VOLUME OF THE NEW WEEKLY MEDICAL JOURNAL,

ENTITLED

THE INSTITUTE,

Will be Published on Saturday, January 4th, 1851.

It is the intention of the Proprietors of 'The Institute' to form Two Volumes annually. For the convenience of Subscribers, they will therefore consider it advisable to bind up into a Volume all the Numbers of the Journal which shall have been issued at the close of the present year, and to commence the new year with another Volume, in which it is anticipated there will be many new features.

Although 'The Institute' Journal can barely date a three months' existence, there will be found in its pages a vast amount of matter bearing upon practical subjects. Independently of the Original Communications and Editorial Articles, valuable information has been furnished to the practical man under the separate headings, "Philosophical Gazette," and "Compendium of Medical Science." Much of this has been translated from the best German and French authorities; some portions have been extracted from the American Journals and the remainder from the best writers on Medical subjects in our own country. The selections have been made chiefly with a view to their practical bearing on Medicine and Surgery, and their utility to men fulfilling the arduous duties of General Practice. The following is a Synopsis of Contents of the Numbers at present issued:—

LECTURES.

Lectures on the Absurdity and Barbarity of the distinction between Medicine and Surgery, by William Lawrence, Esq., Member of the Council of the Royal College of Surgeons. Lectures on the German Mineral Waters, delivered at the Hunterian School of Medicine, by Sigismund Sutro, M.D., Senior Physician to the German Hospital.

ORIGINAL COMMUNICATIONS.

Medical Guide to the Principal Spas of Germany, by Dr. Sutro. On Hereditary Tendencies, by P. C. Lord, Esq. On Pauper Medical Practice. Case of Compound Fracture, by Dr. Webster. Case of Fractured Cranium, by Dr. Bedingfield. Extraordinary Obstetric Case, by Dr. Jones. Case of an Acephalous Child, communicated by George James Squibb, Esq. A Case of Tuberculosis, with Tubercles in the Lungs, Intestines, and Mesentery, without Hectic Fever, by Henry Ancell, Esq. On a new mode of producing Electricity, by Dr. Sutro. Viability of the Fœtus. Remarkable Case by John Greening, Esq. Case of Dislocation of the Head of the Humerus upon the Dorsum of the Scapula, by R. Dunn, Esq. The Treatment of Ovarian Dropsy, from a Contributor. Illustrations of Pauper Practice. Medical Guide to the Principal German Spas, by Dr. Sutro. Remarkable Case of Catalepsy, by Peter Hood, Esq., M.R.C.S. Medical Ethics; or the Duties and Qualifications of Medical Men, by George James Squibb, Esq. Difference between the Fibrine of Muscle and that of the Blood. Dr. Rademacher's Treatment of Dysentery, by Dr. D'Alquen. Case of Fracture of the Skull from the Bursting of a Gun, by William Collyns, Esq. Successful Treatment of an extensive Nævus, by the Actual Cautery, by Thomas Warner, Esq. Case of Encysted Ovarian Dropsy—Hydatids, by a General Practitioner. Leaves from the Diary of a Parish Doctor.—No. III.—By Theophilus Probe, Esq. On Cases of Fatal Blow on the Pit of the Stomach, by Peter J. Martin, Esq. Cases in General Practice, by G. Webster, Esq., M.D., M.R.C.S., Ed. On Diphtheritis and Ulcerated Sore Throat, involving the Larynx. Medical Archæology, by George James Squibb, Esq. Dr. Bedingfield's Cases of Fracture of the Cranium, continued. On the Efficacy of Large Doses of Opium in Retention of Urine from Spasmodic Stricture, by J. Bowling, Esq., M.R.C.S. Case of Fatal Jaundice produced by Cod-liver Oil, by R. Craven, Esq. Medical Guide to the Principal German Spas, by Sigismund Sutro, M.D. Case of Congenital Malformation, by H. J. Swann, Esq. Small Doses of Medicine not Homœopathic Doses. The Homœopathic Quackery, by Thomas H. Smith, Esq. Cases in General Practice.—On Diphtheritis and Ulcerated Sore Throat, involving the Larynx—No. II—By George Webster, Esq., M.D., M.R.C.S. Ed. On Kaladana, a Neglected but Excellent Purgative, by John Gardner, Esq., M.D., F.C.S., &c. On the Use of Hot Arm Baths in the Treatment of Croup, with a few Remarks on the General Treatment, by Dr. D'Alquen. Leaves from the Diary of a Parish Doctor—No. IV.—The New Regime, By Theophilus Probe, Esq. Medical Archæology. No. II.—By George James Squibb, Esq. On Placenta Prævia, by Robert Dunn, Esq. Leaves from the Diary of a Parish Doctor.—No. V.—The New Regime, by Theophilus Probe, Esq. Cases in General Practice; illustrative of Principle III. of 'The Institute.' On Mutilations of the Fœtus in Utero. A Novel and Simple Instrument for performing the Operation of Transfusion. Remarkable Case of Ejectment of a Foreign Body from the Right Bronchus, after being lodged there many years. Cases in General Practice:—Amputation of the Foot, and Fracture of the Cranium. By James R. Stedman, Esq.

DOCUMENTS RELATING TO MEDICAL REFORM.

A Bill for the Incorporation of General Practitioners in Medicine, Surgery, and Midwifery. Correspondence between the Government and the Royal College of Surgeons. Committee of the National Association of General Practitioners in 1845. Extracts from the Transactions of the National Association of General Practitioners in Medicine, Surgery, and Midwifery.

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Circular Letter to the Council of the National Institution. Letter of Nathaniel Clifton, Esq. Letter of Richard Wallace, Esq. Letter of J. Bedingfield, Esq. Letter on Mr. Squibb's Case of an Acephalous Child. Correspondence between George Drummond, Esq., and the Secretary of the Promoter Life Assurance. Election of Fellows of the College of Surgeons. On the Pronunction of the word "Hyoid." The Duty of Local Societies. Case of an Acephalous Child. The Quackery of Patent Medicines. On an Extraordinary Fœtus. Shares in the Institute. New Remedy for Shortsightedness. Application of Nitrate of Silver in Affections of the Larynx, by J. Bedingfield, Esq. Poor-law Medical Relief, by Aristides the Younger. Mesmerism—Is it True or False? By Dr. D'Alquen.

MEDICAL INTELLIGENCE.

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Chemistry.—Chemical Properties of the Vegetable Alkaloids, Morphine, Narcotine, Quinine, Cinchonine, Strychnine, Brucine, Veratrine, Salicine; with general remarks upon their distinctions and separation. Observations on the Adjustment of the Relations between the Animal and Vegetable Kingdoms, by which the Vital Functions of both are permanently maintained. Kreatine, a Constituent of the Flesh of the Cetacea. On the Action of certain Re-agents upon Quinine. Action of Chemical Agents on Sulphite of Lead. Method of Discriminating betwen Cotton and Linen Thread and Fabrics. On the Occurrence in the Animal Organism of a Body allied to Xanthic or Uric Oxide. Preparation of Atropine by means of Chloroform. The Action of Chloroform on the Sensitive Plant. On the Rapidity with which Sensation is Conveyed by the Nerves. Antagonism between Febris Intermittens and Phthisis Tuberculosa. Immersing the Hand in Fused Iron at a White Heat. Cantharidal Æther, and some Vesicant Preparations of Cantharides. On the Velocity of the Electric Current. Formula for the External Use of Glycerine. Composition of Cod-liver Oil. A New Acid Discovered in the Animal Economy. Malleable Brass. On the Fraudulent Sale of Cinchona Bark, exhausted of the Alkaloids. Sulphite of Lead Poisonous. Active Principles of Vegetable Remedies. Succinic Acid Discovered in a Diseased Liver. On a Peculiar Compound of Resin and Lard.

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THE INSTITUTE.

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VOL. I.—No. 11. LONDON, SATURDAY, DECEMBER 14, 1850. SIXPENCE.

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V. The policy and absolute necessity of granting to the General Practitioners of this country, CORPORATE RIGHTS on the REPRESENTATIVE PRINCIPLE.

VI. The propriety of merging the *present* class of Apothecaries into the general professional body, with equal rights and privileges; and, under a *new* system, to provide that every future medical practitioner be completely educated in the principles of MEDICINE in the most comprehensive sense, comprising the principles of *Medicine*, *Surgery*, and *Midwifery*.

VII. The iniquity of the present system of POOR-LAW MEDICAL RELIEF, and the absolute necessity for a revision of this national evil.

VIII. The necessity of a Reform in the Ancient Court of Coroner's Inquest, in particular as respects the Medical evidence required in this Court.

IX. The propriety and justice of the public demand for SANITARY REFORM, and for the correction of those social and physical evils which at present so lamentably affect the health and lives of the community,—and the dependence of the public interests in this respect upon the scientific acquirements and abilities of the Medical Profession.

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The objects of this Society are

1. To give a higher tone to the public mind, without compromising the honour, standing, or liberal character of the profession. To secure the more regular payment for professional services from that large class of society who possess the means, but not the disposition to remunerate Medical Men, is part of the mission of this Society; the moral power of which, with the combined systematic and persevering efforts of respectable agents, will make its influence universal, and, it is believed, will accomplish this great end, and secure to the profession a just reward for much unrequited toil, and for real benefits conferred on suffering humanity. The want of such an Institution as the one now established tends to degrade the profession and to keep numbers in poverty who actually earn sufficient, not only for a respectable subsistence during life, but also for a provision against the destitution and suffering which are too often the lot of those they leave behind.

2. To establish a fund to be devoted to the erection and support of a College for the education of Sons and Orphans of Medical Men, and for the reception of distressed Members of the Medical Profession, or their Widows. The benevolent object of this Society will be attained by appropriating voluntary subscriptions from members, donations of their more affluent brethren, the aid of the wealthy and benevolent of all classes of the community, as well as the future profits accruing from the general operation of the Society, to that purpose. All sums subscribed will immediately be invested in the names of Trustees in the Government funds.

Particulars to be obtained from the Secretary.

No unqualified person can be admitted a member.

Annual subscription One Guinea, which constitutes a member, and entitles to all the benefit of the Society and Benevolent Fund

The present important and comprehensive plan of practical benevolence having originated with the General Practitioners, it is hoped, nay, confidently anticipated, that the Committee will shortly be enabled to announce such a list of contributors as will convince the public generally of their devotion to a good cause, and heartfelt sympathy with their less fortunate brethren.

The plans and estimates of the intended College will soon be published.

ORIGINAL COMMUNICATIONS.

HINTS ON THE VALUE OF THE ENGLISH SPAS.

By PATRICK BROWN, M.D., M.R.C.S.E.

Among the many valuable original communications in 'The Institute,' I have observed none with more interest than that written by Dr. Sigismund Sutro, entitled "Medical Guide to the principal German Spas, with particular reference to an appropriate selection of the respective springs in various chronic diseases." This gentleman appears to be admirably qualified to detail the claims of the innumerable spas of his "Fatherland;" at the same time, I am not disposed to incline to his belief, "*that the time is not far distant when the medical practitioners of this country will labour under a source of much embarrassment if they are unacquainted with their respective virtues.*"

Without expressing any opinion adverse to the wonder-working powers of Homburg, Kissengen, Luhatschowitz, Flachingen, &c., I should be glad to call the attention of your readers to the fact, that medicinal springs of equal, if not superior pretensions, actually exist in various parts of this highly-favoured island; a circumstance which might be inferred they were unacquainted with, from the solicitude expressed in the previous quotation.

It is to be regretted, however, that our native spas have not the advantage of such zealous advocates as Dr. Sutro; otherwise, a visit to Harrowgate, Cheltenham, Bath, or Leamington, &c. might be found by the English invalid as efficacious in the relief of his sufferings as an expensive trip to Germany, avoiding all the annoyances and fatigue incidental to continental travelling.

It almost becomes the duty of the medical residents at the various watering-places in this country to take advantage of your pages, and to place before their brother practitioners the respective merits of the spas at "Home," enabling them to form a comparison of their properties, and to judge of the value each may possess in the relief of chronic disease.

So far at least, that they may conscientiously recommend their patients to waters as sovereign in their virtues, within easy reach of their own homes, as any Brunnen in Germany. Where they can also insure for the invalid English comforts, such as England only can furnish; and an absence of vicious society and demoralizing tendencies, highly repulsive to our national feelings, studiously fostered by the authorities and others at German spas, for the most selfish purposes of revenue and unhallowed gain.

As an inducement for others to extend upon these observations, I shall enumerate a few of the advantages which invalids derive from a temporary residence in the locality with which I am connected—a spa of such distinguished repute, as to bear the title, *par excellence*, of

Royal Leamington.—Admirably situated in the centre of England, possessing a climate of unequalled salubrity, free from the chilling winds so injurious to the delicate, yet not of that relaxing character which accompanies more southern situations: its mineral waters most abundantly supplied from "Nature's Laboratory," without the slightest suspicion of sophistication.

The prosperity and rapid rise of this beautiful town is doubtless due to the public spirit and energy of its inhabitants, whose constant exertions are strained to promote the comfort of visitors resorting to the spa.

It is scarcely within my province to speak of its magnificent hotels and other places of accommodation suitable for all classes; its public gardens and promenades; the constant succession of fêtes, horticultural shows, balls, and concerts: and, if proof were wanting, to show the determination of the local "commissioners" to minister to the innocent and enlivening recreations of the invalid, a band of German artistes was retained during the past "summer season," at an expense of five hundred pounds, "to discourse sweet music.

My object is, to place before the profession a plain statement of the nature of the Leamington water, with an analysis verified by recent experiment.

The saline springs are four in number, and the following table may be relied on as exhibiting a correct estimate of their contents and general properties. Each spring differs in the amount of the solid ingredients, but only in such a degree as to render it unimportant to which spring the invalid resorts in their internal or external use:—

Table of average contents, without decimal fractions, of an imperial pint of the Leamington Mineral Waters.

Salts in grains.

Sulphate of Soda	Chloride of Sodium	Chloride of Calcium	Chloride of Magnesium
35.	30.	23.	11.

Silica—Peroxide of Iron—Iodine.

Bromide of Sodium—minute proportions.

Gases in cubic inches.

Oxygen, Nitrogen—in minute quantities, Carbonic Acid 3.

The water, on being drawn fresh from the fountain, sparkles from the disengagement of the gas, and possesses an agreeable saline flavour.

About one pint in the day is the usual quantity taken when its aperient effect is desired. The early period of the morning is generally chosen for its administration—one half being reserved until twenty minutes' brisk exercise has followed the first dose. But its exhibition requires particular rules in individual cases, according to their peculiarities.

The bathing establishments are three in number, and are fitted up in the most efficient manner, containing every variety of bath or water appliance, which can be made available as adjuvants in the treatment of chronic disease.

About 2,000 gallons of spa water at each bath-room is kept constantly heated, by means of a steam apparatus, for the purpose of warm bathing.

The leading characteristics of this spa having been thus briefly pourtrayed, it might be deemed supererogatory to detail the peculiar forms of disease for which this medicinal water is considered applicable. But great benefits result in its administration in derangement of the digestive functions, visceral obstructions, and cutaneous diseases. Paralytic affections, gout, and rheumatism are also greatly relieved by a course of bathing, in combination with the internal use of the water and other means. The season for drinking water extends from March to November, but in many cases it may be used with advantage during the winter.

In concluding these few remarks, I trust I have stated nothing which may not be considered legitimate in any one anxious for the reputation and continued prosperity of our "English spas," as well as an earnest desire to mitigate, in some degree, "*the source of embarrassment*" impending over the faculty in this country, so feelingly anticipated by Dr. Sutro.

MEDICAL ARCHÆOLOGY.

By GEORGE JAMES SQUIBB, Esq.

No. III.

Quidquid agunt *Medici*,
Nostri est farrago libelli.
Wadd's Mems., &c.

A.D. 1600. In the preceding slight history of the early state of medicine, it will be perceived that the healing art was much obscured by superstition and credulity. Unfortunately, the credulity of the human mind has always proved a rich soil in which the rank weeds of empiricism have flourished, and still continue to do so to the present day. I propose, in the following communication, to detail two remarkable instances, which occurred more particularly in the sixteenth century; I mean the much-vaunted cures of Valentine Greatrakes, for the king's-evil and other diseases, by the touching of the individual, or rather by friction, "sometimes light, sometimes violent;" and the royal touch for the cure of king's-evil: indeed, in perusing the account I am about to give, it will remind the reader somewhat of one of the prevailing "fashions of the day" — Mesmerism. We must do Greatrakes, however, the justice to mention that he was an honest enthusiast, for he would take no money for his performances, desiring his patients to return "Thanks to God for their cures."

Valentine Greatrakes.—Valentine Greatrakes was born at Affane, in the county of Waterford, in 1628. He had a good estate, and married the sister of Sir William Godolphin, by whom he had two sons, one of whom was called Edmund, after the unfortunate Sir Edmund Godfrey. When about thirty-four years of age, in 1662, he dreamed twice that he had virtue in his hands to cure the king's-evil and other diseases. The impression upon his mind was so strong that he resolved to make a trial, but his wife—a notable woman and much given to the study of physic and surgery—endeavoured to dissuade him from the fancy.

Greatrakes, however, was not to be diverted from his purpose; and he was confirmed in it by restoring a man who had fallen down stairs, apparently dead, in a fit of epilepsy. This was his first patient. He now became so famous that his court was filled with sick every morning; and wherever he went, a great throng attended him, most of whom he cured, but he would never meddle with venereal cases, saying that was a punishment for sin. The noise made by his practice occasioned an information to be laid against him; he was cited into the Bishop's Court of Lismore, for professing physic without being duly licensed. A prohibition was then issued, which he disregarded, and was followed more than ever. At the beginning of 1666, he came to England on the invitation of the Earl of Conway, in hopes he might be able to cure the Lady Conway, who had for many years suffered from an inveterate head-ache. He accordingly repaired to her ladyship's seat at Rugby, in Warwick; and though he failed in that case, yet his performances were so extraordinary, that Henry Stubbe wrote a treatise upon the subject, entitled, 'The Miraculous Conformist; or, an Account of several marvellous Cures performed by the shaking of the hands of Mr. Valentine Greatrakes; with a physical discourse thereupon, in a Letter relating to some other of his miraculous cures, attested by E. Noxcroft, M.A., and Fellow of King's College, in Cambridge.' Stubbe, who had some merit as a philosophical practitioner, says, that "God had bestowed upon Mr. Greatrakes a peculiar temperament, or composed his body of some particular ferments, the effluvia whereof being introduced, sometimes by a light, sometimes by a violent friction, should restore the temperament of the debilitated parts, reinvigorate the blood, and dissipate all heterogeneous ferments out of the bodies of the diseased by the eyes, nose, mouth, hands, and feet." Notwithstanding this testimony, the pretensions of Greatrakes to supernatural gifts were violently assailed by David Lloyd, a clergyman, in a pamphlet entitled, 'Wonders no Miracles, or Mr. Valentine Greatrake's gift of healing examined; upon occasion of a sad effect of his stroking, March 7, 1665, at one Mr. Crepett's house, in Charter-house-yard.' This obliged Greatrakes to write a vindication of himself in a Tract addressed to Mr. Boyle. In this performance he relates many surprising cures, accompanied with numerous testimonials by persons of the highest character, among whom was Mr. Boyle himself, who in such a case was a host sufficient to overcome all scepticism. He returned not long afterwards to Ireland, where he died about the year 1685.

Greatrakes made no use of any nostrum whatever, nor did he act from any mercenary motives, as he performed all his cures without receiving the slightest remuneration. In the British Museum are some unpublished letters written by a person whose family had been benefited by his stroking. In one of these letters the writer states—

"My father, who had the least implicit faith of any man, had a violent fever, and Mr. Greatrakes turned it away in two minutes. He had at another time a terrible ague, which, when the fit struck him, Mr. Greatrakes cured in a minute or two, by holding him by the wrists, and he never had a fit after. Mr. Greatrakes also cured a sister of mine of the king's-evil by stroking.

"He was of large stature and surprising strength; he has very often taken a handful of hazel nuts, and cracked most of them with one gripe of his hand; and has often divided a single hazel nut by his thumb and fore-finger. He had the largest, heaviest, and softest hand, I believe, of any man in his time; to which I do attribute the natural reason of his great virtue in his hand above other men.

"When Mr. Greatrakes came to my father's, the court was crowded with patients, whom he attended all the forenoon. Many were perfectly cured, without any return of their disorder, and most received benefit; but in my time his virtue was much abated; but I have heard my two eldest sisters, who were women grown, and my eldest brother, and my father and mother, and many other honest people, that would speak nothing but truth, often say, that they have many times seen him stroke a violent pain from the shoulder to the elbow, and so to the wrist, and thence to the top of the thumb, and by holding it strongly for some time it was evaporated. There are many wonderful relations of this kind, which, though assuredly true, have so much the air of romance, that I have no pleasure in relating them."

The scruple of Greatrakes to touch venereal cases is somewhat akin to what Pineda, in his comment on the Bible, says of the syphilis, which, according to him, is the angel of retribution, appointed to punish promiscuous intercourse.

Among the testimonies in favour of Greatrakes, the following by Dr. Rust, then a dean and afterwards a bishop in the Irish church, merits notice:—"Being desired to give my testimony of Mr. Greatrakes and his cures, I do hereby certify that I have, with some curiosity, been an observer of him and of his operations; and I take him to be a person of an honest and upright mind, a free and open spirit, a cheerful and agreeable humour, and inoffensive conversation, of large and generous principles,—and that carries on no design of faction and interest. I have been an eye-witness of many hundreds that have come under his hands, especially during his stay at Lord Conway's for three weeks or a month together, and I must profess myself convinced (however it be, from an immediate gift or a peculiarity of complexion) that he has a virtue more than ordinary. For though I have seen him touch many, with little or no success, yet it must not be denied that I have seen too, in very many instances, by his spittle and the touch or stroke of his hand, humours put into hot and violent fermentations; pains strangely fly before him, till he has chased them out at some of the extreme points of the body; the king's evil in a few days wonderfully dried up; knobs or kernels brought to a suppuration; humours ripened; ulcerous sores skinned and amended; hard swellings in women's breasts abated; cold and senseless limbs restored to their heat and life; scabs all over the body, which have been for many years, and counted incurable, deadened and dried up; many people relieved in cases of deafness, lameness, and dimness of sight; several persons in fits of the falling sickness, or convulsions, or hysterical—(for I am not wise enough to distinguish them)—upon his laying hands upon their breasts, often upon the top of their clothes, within a few minutes brought to their senses, so as to be able to tell where the pain lay, which he has followed till he pursued out of the body. I can say little to permanency of his cures; many I do believe continue firm, but several of those of the falling sickness, I heard, had relapsed before I left the country, but after much longer intervals than they were wont to enjoy. The forms of words he used were—'God Almighty heal thee! for his mercy sake,' and if they professed to receive any benefit, he bids them give God the praise, and that (so far as I can judge) with a sincere devotion. This is, in short, the matter of fact, which is testified to be true by me, George Rust, D.D., and dean of Connor."

"Sir,—Whereas you desire to know what effect Mr. Greatrake's hand had upon me, this may satisfy you, that the head-ache which I laboured under three or four years (and used what means the physicians prescribed, though unsuccessfully), which ofttimes was very violent, was cured by the laying on of Mr. Greatrake's hand in the following manner:—About the beginning of March last, hearing that Mr. Greatrakes was at my Lord Mayor's house, I repaired thither unto him and desired him (having the head-ache then violently on me) that he would be pleased to use his endeavours to cure me, whereupon he demanded in what part of my head the pain lay, which I showed him, and thereupon he laid his hand upon the place affected, and immediately I found the pain removed to another place in my head, which I also directed him to, who pursued it from place to place (laying his hand upon that part of my body whither it did remove), till he drove it into my foot, where it was very painful to me; till at length he chased it out of my toe, I not pulling off my stocking which he did at two different times, the pain (as I conceived) being divided, whereupon I forthwith found myself freed from all manner of pain both in head and body, and have so continued ever since (blessed be God!) in perfect health. And not only was I freed from the aforesaid pain of the head, but also from a constant bleeding that continually attended it, whereas I did use to bleed every day (or every other day at least), which bleeding I am very little troubled with. This is that, sir, which I affirm to be true, who am,

"Yours, &c., &c.

"JOHN DOE."

(To be continued.)

A CASE OF PARAPLEGIA, TREATED BY STRYCHNIA.

BY J. S. LIVINGSTONE, ESQ.

AFTER much harass of mind, I left England in ——, and took up my abode near Rio de Janeiro in ——. Here I became, in March, 1849, the subject of intermittent fever; and from the combined influence of this malady, exposure, fatigue, and anxiety, I gradually lost the power of my limbs, so that in November, I became unable to stand or walk without assistance, and I was totally unable to write or to use a knife and fork.

This state of muscular debility had continued during ten weeks, without mitigation, when it was thought necessary that I should return to England.

I remained in the same state of paraplegia during the eight weeks of my voyage home (the weather being fine), and during two weeks after my arrival.

At this time I was led to consult Dr. Marshall Hall, my memory being enfeebled, my hands, feet, and legs helpless as before. I was led from one room to another, supported by a stout man on each side.

Dr. M. Hall, viewing my case as one of nervous exhaustion, prescribed the acetate of strychnine in the following form:—

℞ Strychninæ acetat. gr. j.
Acidi acetosi, m. xx.
Aquæ destillatæ, ʒ i.

Solve.

Of this solution I took ten drops in water (that is, the fiftieth part of a grain of the acetate) three times a day just after meals.

In three weeks I began to feel my powers of locomotion slightly improved. This improvement continued progressive. The dose of the solution of strychnia was augmented to fifteen drops, with the further gradual restoration of muscular power in my limbs.

I have now pursued this plan during ten months; and my recovery is so advanced, that I have ventured again to undertake a responsible office in my profession; an event which I believe I owe to an invaluable remedy, cautiously prescribed by my physician.

I should observe, that during the whole course of my ailment, my case was want of power. At no time did I suffer from pain or spasm; points on which much stress was laid in the diagnosis, and in the choice of the remedy by my kind and able physician.

CORRESPONDENCE.

To the Editor of 'The Institute.'

Sir,—I wish your new Journal all possible success. Having been much interested by several cases of acephalous fœtuses which you have lately inserted, I beg to send you the following one from my case-book:—

Elizabeth Brown, aged 23, Twyning, was delivered October, 1842, of an acephalous fœtus, at the seventh month, according to her calculation; it was born dead. In 1844, I again attended her, when she was delivered of a similar monster at her full time. On each of these occasions she did well. In August, 1845, I attended her again, when she was delivered for the third time of an acephalous fœtus, which died in the birth. These were the only times that she was ever pregnant. She did not remember ever having been frightened, unless once slightly by a neighbour's dog. She was a healthy-looking young woman, and her husband's appearance offered nothing remarkable. After her third and last confinement, she had puerperal peritonitis, which was subdued, but she died exhausted in three weeks, when a large tumour of the right ovary was discovered full of bloody fluid. I found also traces of inflammation about the womb. Her last labour was protracted in consequence of the rugged protuberances at the top of the monster's neck becoming wedged in the pelvis. All that these three productions had, as an apology for a head, was something resembling an occipital bone over which the skin was tightly drawn. One of them was sent to St. Thomas's Hospital Museum; one to Gloucester Hospital. I should suppose that the case of three such events occurring to the same female must be almost unique.

I am, Sir, your obedient servant,
F. J. PRIOR, Surgeon.

Tewkesbury, December 7th, 1850.

THE CENSUS OF 1851, IN RELATION TO PUBLIC AND PRIVATE LUNATIC ASYLUMS.

To the Editor of 'The Institute.'

Sir,—As the subjoined correspondence between myself and the Registrar-General will be read by a large class of professional men associated with public and private lunatic asylums, I offer no apology for transmitting it to you for publication in your Journal.

It certainly would have been most unjustifiably inquisitorial if the private asylums for the insane had been compelled to make a return of the *names* of the patients placed in confidence under their care.

I remain, dear Sir, your obedient Servant,
FORBES WINSLOW.

December 9, 1850.

To the Registrar-General.

Sir,—I perceive by the printed form of the Census for 1851 issued, I believe, under your authority, that it will be necessary for each householder to make, agreeably to a prescribed tabular form, an accurate return of the christian and surname, age, occupation in life, &c. of each person sleeping under his roof on a specified night.

As I am much interested in behalf of a numerous and influential section of the medical profession, viz., those engaged in the care and treatment of the insane, may I be permitted to ask, whether the resident proprietors or medical superintendents of private and public asylums will be required to make a return of he *names of patients under their care*, and actually resident with them at the period when it is proposed to take the Census?

Your early attention to this matter will much oblige,
Sir, your obedient servant,
FORBES WINSLOW, M.D.

To the Registrar-General,
Albemarle-street, December 5th, 1850.

Census Office, Craig's-court,
December 7th, 1850.

Sir,—In reply to your letter of the 5th instant, I have to state that I should think, that rather than return the *names* of all patients in lunatic asylums, it may be sufficient if the initials of their names be recorded when the Census of 1851 is taken, to which, I should think, there would be no objection.

I have the honour to be, Sir,
Your faithful servant,
GEORGE GRAHAM,
Registrar-General.

Dr. Forbes Winslow, M.D.

THE PHILOSOPHICAL GAZETTE.

ANIMAL HEAT.

The chemical theory which explains the phenomena of animal heat, by the slow combustion of the carbon and hydrogen of the aliments, is, perhaps, more generally received than it is satisfactory. A lurking suspicion is felt by most of us who are accustomed to watch the manifestation of vital phenomena that, however plausible, and however complete that theory appears, there is still some fallacy in attributing the whole of animal heat to chemical causes. It is true, that Liebig has given all the weight of his advocacy to the chemical theory, and in his more matured exposition of the animal economy, he admits no other source of heat to be possible. Nevertheless, it may be remarked, that in his earlier edition of that work, he had made it appear by calculations founded on the best data then accessible, that the slow combustion or oxidation of the carbon alone of the aliments was adequate to the effects, the due amount of heat evolved being represented by its equivalent. Whereas, in his later edition, he admits that the oxidation of a portion of the hydrogen derived from the same source must be taken into the account. But he altogether denies the possibility of heat being derived from any other source, the faculty of developing it being, as he conceives, impossible, either in the nervous system or the muscular motions.

The following abstract of a paper by *Mr. Joule*, read during the present year before the Royal Society, and published *in extenso* in the 'Philosophical Transactions,' throws, as it appears to us, a new light upon the theory of animal heat, at the same time it contains much interesting matter on the subject of heat generally. The paper is designated—

ON THE MECHANICAL EQUIVALENT OF HEAT.

By J. P. Joule, Esq. F.C.S.

Opinions have long been divided between two hypotheses respecting the nature of heat; the one regarding it as a peculiar substance, the other as the effect of motion among material particles. The latter hypothesis appears to be most in accordance with the development of heat by friction—a phenomenon first accurately investigated by Count Rumford, who showed that the very great quantity of heat excited in the boring of cannon, could not be ascribed to a change in the calorific capacity of the metal, and thence concluded that it was due to the motion in the particles

communicated by the borer. "It appears to me" he remarks, "extremely difficult, if not impossible, to form a distinct idea of anything capable of being excited and communicated as the heat was communicated in these experiments, except it be motion."

In the same paper, Count Rumford makes an estimate of the quantity of mechanical force required to produce a certain amount of heat; showing, in fact, that the friction produced by the power of one horse acting for two hours and a half will generate heat sufficient to raise 26.58 pounds of water from 32° to 312° F. Now the power of a horse is estimated by Wath at 33,000 foot-pounds (a foot-pound is the force expended in raising a pound-weight one foot high in a minute), and, therefore, if continued for two hours and a half, will amount to 4,950,000 foot-pounds. Hence it is easily calculated that the heat required to raise a pound of water 1° must be equivalent to the force represent by 1034 foot-pounds. This estimate of the force is rather too high, no account having been taken of the heat communicated to the containing vessels, and of that which was lost by dispersion during the experiment.

About the end of the last century, Sir Humphrey Davy showed that when two pieces of ice were rubbed together *in vacuo*, part of them was melted, although the temperature of the receiver was kept below the freezing point. This experiment was the more decisive in favour of the doctrine of the immateriality of heat, inasmuch as the heat-capacity of ice is much less than that of water. It was therefore with good reason that Davy drew the inference that "the immediate cause of heat is motion, and the laws of its communication are precisely the same as the laws of the communication of motion."

Having discovered the remarkable fact that "equal volumes of all elastic fluids, at the same temperature and under the same pressure, if compressed or dilated suddenly to the same fraction of their volume, disengage or absorb the same absolute quantity of heat."

This law is of the utmost importance in the development of the theory of heat, inasmuch as it shows that the calorific effect is, under certain conditions, proportional to the force expended.

In reference to the subject, I communicated to the Royal Society in 1840, my discovery of the law of the heat evolved by voltaic electricity, from which the following deductions were drawn:—

1st. That the heat evolved by any voltaic pair is proportional *cæteris paribus* to the electro-motive force.

2nd. That the heat evolved by the combustion of a body, is proportional to the intensity of its affinity for oxygen.

I thus succeeded in establishing relations between heat and chemical affinity.

In 1843 I showed that the heat evolved by magnetic electricity is proportional to the force absorbed; and that the force of the electro-magnetic engine is derived from the power of chemical affinity in the battery, or force which would otherwise be evolved in the form of heat. From these facts I considered myself justified in announcing that the quantity of heat capable of increasing the temperature of a pound of water, by one degree of Fahrenheit's scale, is equal to, and may be converted into, a mechanical force capable of raising 838 pounds to the perpendicular height of one foot.

In a subsequent paper read before the Royal Society in 1844, I endeavoured to show that the heat absorbed and evolved by the rarefaction and condensation of air is proportional to the force evolved and absorbed in those operations. The quantitative relation between force and heat, deduced from these experiments, is almost identical with that derived from the electro-magnetic experiments just referred to, and is confirmed by the experiments of M. Seguin on the dilatation of steam.

From the explanation given by Count Rumford of the heat arising from the friction of solids, one might have anticipated, as a matter of course, that the evolution of heat would also be detected in the friction of liquids and gaseous bodies. Moreover, there were many facts, such as for instance the warmth of the sea after a few days of stormy weather, which had long been attributed to fluid friction.

Nevertheless, the scientific world, pre-occupied with the hypothesis that heat is a substance, and following the deductions of Pictet, drawn from experiments not sufficiently delicate, have almost unanimously denied the possibility of generating heat in that case.

The first mention, so far as I am aware, of experiments in which the evolution of heat from fluid friction is asserted, was in 1842, by M. Mayer, who states that he raised the temperature of water from 12° to 13° centigrade by agitating it, without however indicating the quantity of force employed or the precautions taken to secure a correct result.

In 1843, I announced the fact that heat is evolved by the passage of water through narrow tubes, and that each degree of heat per pound of water required for its evolution in this way, a mechanical force represented by 770 foot-pounds. Subsequently, in 1845 and 1847, I employed a paddle-wheel to produce the fluid friction, and obtained the equivalents of 781·5, 782·1, and 787·6 respectively, from the agitation of water, sperm oil, and mercury.

These various results indicate beyond doubt the existence of an equivalent relation between force and heat, but still it appeared of the highest importance to obtain that relation with greater accuracy.

Mr. Joule then proceeds to describe his apparatus and experiments, which are most ingeniously devised and executed, and he arrives at the following conclusions as to the results of the entire inquiry:—

1. That the quantity of heat produced by the friction of bodies, whether solid or liquid, is always proportional to the force expended.

2. That the quantity of heat capable of increasing the temperature of a pound of water (weighed *in vacuo*, and taken at between 55° and 60°) by 1° Fahrenheit, requires for its evolution, the expenditure of a mechanical force represented by the fall of 772lbs. through the space of one foot.

[We cannot withhold our tribute of thanks to Mr. Joule for this and for his other highly valuable researches in physics. Whilst the English public are ever ready to aknowledge and appreciate the scientific researches of philosophers of other countries, we fear that the name of Joule, as one of the most promising and successful philosophers of the present time, in our own country is scarcely known out of the mere scientific circle. These researches appear to us, to give great probability to the opinion that the circulation of the blood, the vital force, and the contraction of the muscles, must all be regarded in a true theory of animal heat, as well as the chemical changes which are, by many physiologists, regarded as its sole origin and source.—Ed. *Institute.*

IDENTITY OF ACONITIC, EQUISETIC, AND CITRIDIC ACIDS. BY M. BAUP.

A curious and interesting result of the investigation of this chemist is, that the acid derived from the *Aconitum Napellus*, monk's-hood, and that derived from the *Equisetum fluviatile*, mare's-tail, are identical, and moreover that they are also identical with citric acid which has undergone a transformation by means of heat, pyrogenous, citric, or *citridic acid*.

Maleic acid, although isomeric with this acid, is not identical.

The former acid, which it appears is to retain the designation *aconitic*, combines with potash and with ammonia in the proportion of three equivalents of acid to one of base. This form has few analogies in inorganic chemistry; one, however, is the trisiodate of Serullas.

In examining the *Equisetum fluviatile*, M. Baup has discovered a yellow crystalline principle, which he calls *flavoquisetine*, and which dyes cotton with alum of a yellow colour, not inferior to woad.—*Comptes Rendus, Sept.*, 1850.

ON THE TESTS FOR STRYCHNINE. BY A. W. BRIEGER.

M. Brieger says that the reaction of strychnine with pure chromic acid is more distinct than with chromate of potash, (See *Institute*, page 112, Strychnine 8). He thinks this reaction suffices to detect strychnine when mixed with sautorine, brucine, &c. But the presence of sugar conceals the reaction, and several other substances, more or less, prevent the development of the blue colour, such as pure morphine or its acetate, whilst quinine renders the colour a pure rose red.—*Jahrb. für Prakt. Pharm.* xx.

Structure and Optical Properties of the Eye.—Valée states that he has found, by a comparison of Krauss's measurements of the dimensions of the eye, that the exterior convex surfaces have exactly that geometrical form (curved surface of the fourth order, Herschel's 'Treatise on Light') which produces foci free from deviations. He calls them *optoidal* surfaces; and also finds that the posterior convex surfaces are, at least, so far optoidal as the pencils of light penetrating into the eye infringe upon them. In a subsequent memoir, Valée applies to the eye the proposition, that of a series of refracting surfaces of any form, which are penetrated by rays issuing from one point, one may always be so selected that all the rays are again concentrated into one focus. He is of opinion that the cornea always receives,

through the muscles of the eye, the form requisite for the production of sharply-defined images on the retina. These changes of form might be smaller, the less the form of the other refracting surfaces differs from that of the optidal surface.—*Compt. Rend.*, xxiv. p. 676; *Ibid.* xxv. p. 501; and *Liebig's Report*, vol. i. p. 166.

Dispersion of the Human Eye.—Matheissen is of opinion that the means for effecting the achromatism of optical impressions are arranged by nature external to the real optical apparatus of the eye. This opinion is contradicted by Valée, who states that the strong convergent pencils of light emergent from the crystalline lens are brought to a point (*appareil acuteur*) by the vitreous humour, which he considers is composed of layers of different density, and that the layers of different colours are thus brought into one line. (*Compt. Rend.*, xxii. pp. 875 and 1,096.) Pappenheim has measured the ratios of refraction of the vitreous humour in the anterior and posterior layer. He has found the former to be 1.3339 and 1.3343, the latter 1.3371, differences which are, at all events, too slight to justify Valée's *appareil acuteur.*—*Compt. Rend.*, xxv. p. 901. *Liebig's Report*, vol. i. p. 166.

MEDICAL INTELLIGENCE.

NATIONAL INSTITUTE OF MEDICINE AND SURGERY.

December 11th, 1850.

N. Clifton, Esq., President, in the chair.

The meeting, adjourned from the last general meeting on August 14th, was held at the Hanover-square Rooms, at 4 p.m., on Wednesday last. Among the London practitioners present, we noticed Messrs. Clifton, Propert, Dunn, Nicholson, Bird, Baker, Self, S. Read, Hood, Stedman, Porter, Squibb, Robins, Ross, Wallace, Webster; and among the provincial members there were Dr. Burnett, of Alton, Hampshire, Messrs. Stedman of Guildford, Martin of Reigate, Stilwell of Epsom, Chaldecott of Dorking, Bowling of Hammersmith. Mr. Propert moved and Mr. Dunn seconded the proposition, that the President, Mr. Clifton, do take the chair; carried unanimously.

The minutes of the preceding meeting having been read,

Mr. Clifton remarked that the circumstances under which they met, were to have the amended bill laid before them. They had all, doubtless, seen the bill, as introduced by Mr. Wyld, many parts of which had elicited much discussion and opposition. It had in consequence been again submitted to Mr. Wyld, who had examined it with great deliberation and care, and certain emendations had been made, the principal object of which was to render the bill suitable to others, principally to the medical men practising in Scotland; the clause which was most objectionable to whom had been so much modified, as, he trusted, to obviate all further grounds of complaint.

Mr. Fuller then read the clauses in the bill, which had been modified, first of all reading the paragraphs as they originally stood, and subsequently as modified by the committee. The principal alteration was in clause 10, instead of words restricting the *ad eundem* diploma of the proposed college to graduates of British Universities and members of the College of Physicians in London, others were substituted, extending the privilege to all persons holding a medical or surgical diploma, degree, licence, or certificate from a legally established institution in the United Kingdom. In clauses 11 and 12, the change consisted in substituting January for March, and November for February. In clause 14, the alteration prevented the re-eligibility of the president, after his term of office had expired. This excited some discussion; but the clause, as amended, was ultimately agreed to. In clause 18, the term of fifteen years' membership is made the qualification for a seat in the council and for the presidency; this the Committee proposed to alter to ten years. Upon this point some discussion arose, Dr. Burnett proposing as an amendment that the term qualifying for the Council be ten years, but for the presidency fifteen. His amendment, however, was not seconded, and the clause, as altered in committee, was carried. In the 27th clause, the words "England and Wales" were substituted for the "United Kingdom."

* * * * * *

When these alterations had been finally approved of, Mr. Bird observed that the bill as amended contemplated to secure for the General Practitioners self-government in its most comprehensive form, and the best system of reciprocity that could be obtained, so as to enable the Council of the projected College to admit members *ad eundem*, whose qualifications and acquirements had been found to be satisfactory, by the parties so applying possessing a licence or diploma in medicine and surgery, obtained after due examination, from any other authorized college, hall, or university. The amended bill was in strict accordance with the principles advocated by the National Association and by the National Institute, ever since their foundation; and as these principles have, on former occasions, received the assent and cordial co-operation of 4500 members of the profession and of the Society of Apothecaries, and as the high-minded Executive of that important body had, on numerous occasions, consented to transfer the privileges they hold under the Act of 1815, little doubt need be entertained but that the support of the Society might be obtained to further the passing of this bill into a law. It was proposed also to seek the co-operation of the medical authorities in Scotland and Ireland, inasmuch as it contemplated a more perfect system of reciprocity, therefore the greatest support was to be expected from those quarters.

The Executive of the National Institute are desirous of ascertaining the sentiments of the General Practitioners, both metropolitan and provincial, and they therefore intend to submit the bill, as amended, to the consideration of the Profession with as little delay as possible.

The following resolution was then moved and seconded, and carried unanimously,

"That the bill, as amended by the Committee, be accepted by this meeting; and that the Committee be empowered to adopt such measures as may from time to time be found expedient to carry it into effect."

The meeting then broke up.

MEDICAL SOCIETY OF LONDON.

November 30, 1850.

Dr. J. R. Bennett, President, in the Chair.

(Continued from page 233.)

MEDICAL INHALERS.*

Dr. Snow placed on the table three kinds of inhalers which, he said, had been in use between one and two years, for the inhalation of various substances, at the Hospital for Consumption at Brompton. One inhaler consisted of a metal chamber, with a bottom of talc, on which was placed a small earthenware capsule, containing the medicine to be inhaled. A spirit lamp was placed underneath, and the patient inhaled the fumes largely mixed with air, by means of a flexible tube and a face-piece provided with valves. The extracts of opium, stramonium, and other narcotics were inhaled in this way, the volatile products being gradually driven off, and only a cinder left behind. Gum resins were also inhaled in the same manner. By employing a rather large porcelain dish, various substances, as iodine, creosote, camphor, and benzoic acid, were inhaled, together with the vapour of water. Half an ounce of water would yield as much vapour as could be conveniently inhaled in half an hour; and, by employing but a small quantity, the medicine was in a saturated solution which yielded more vapour. Iodine was more volatile than the water with which it was mixed, and was, therefore, all inhaled before the water was consumed. The other substances were less volatile, and a portion was left behind, but need not, on that account, be wasted, but should be saved towards the next inhalation. Mercury and its salts required a higher temperature than the narcotic extracts to render them volatile, and, therefore, the capsule containing them was exposed to the flame of the spirit-lamp, without the intervention of the talc. Crude mercury, as well as its sulphurets and chlorides could be inhaled in this way. Another inhaler consisted of the face-piece mentioned above, and a short curved tube of metal lined with bibulous paper. It was contrived for the inhalation of chloroform in medical cases, but was adapted also for other substances not requiring the aid of heat, as hydrocyanic acid, conia, (the volatile alcaloid of hemlock), and creosote, when inhaled without the vapour of water. A third form of inhaler consisted of a Woulfe's bottle, with wide apertures, provided with a flexible tube and face-piece. Iodine had been inhaled from it without the aid of heat, by wetting the interior of the bottle with a few drops of a saturated solution in spirit. Chlorine had been inhaled, also without heat, by introducing some chloride of lime into the bottle. If an opening were made in the inspiratory valve of the face-piece, a little of the expired air returned into the bottle, the

* The Inhalers are made by Matthews, Portugal-street.

carbonic acid of which acted on the lime, and liberated the chlorine. This inhaler was also used without the addition of any medicine. By means of a face-piece, without valves, the patient was made to breathe more or less of the air twice over, and thus to respire an atmosphere containing rather more than the normal amount of nitrogen, in proportion to the oxygen, and also a greater amount of carbonic acid, except when a solution of caustic potash was put into the inhaler. This kind of dilution of the air was effected by Dr. Beddoes, at the Pneumatic Institution at Clifton, fifty years ago, at considerable trouble and expense, by means of large gas-holders. There was not time to enter on the effects of the medicines. He might state, however, that the narcotics inhaled had generally relieved the cough. Opium had been inhaled by a considerable number of patients, and had, in very few cases, caused constipation. What the patient inhaled were new volatile products, arising from the decomposition of opium. Strictly speaking, morphia and opium could not be inhaled. The volatile products were chiefly given off about the temperature of 400°. The usual doses employed were two grains of watery extract of opium, four grains of extract of stramonium, one drop of conia, three to six drops of Scheele's hydrocyanic acid, and one grain of iodine. He (Dr. Snow) considered that whilst medicines taken into the stomach were generally entirely absorbed, only about one-half was absorbed when they were inhaled; for the portion of air which occupied the nostrils, trachea, and larynx, was returned without reaching the lungs. He said, that unless attention were paid to the physical properties of a medicine, it might be supposed to be inhaled when it was not. Patients had been said to inhale certain doses of hyoscyamus and conium, when it could easily be shown that they got far less than the thousandth part of a grain. It was generally desirable, also, that the patient should inhale but one substance at a time. If mixed together they could not be inhaled in the proportions in which they were mixed, on account of the difference in their volatility.

CASE OF CAULIFLOWER EXCRESCENCE FROM THE OS UTERI.

With remarks on the Pathology and Treatment of the Disease.

By JOHN ROSE CORMACK, M.D.

In September, 1847, Dr. Cormack was requested to attend Mrs. G., who was in her second pregnancy. She stated that her general health was good; she had suffered from menorrhagia previously to her pregnancy, but this had been arrested, probably by gallic acid, prescribed in Edinburgh. She had a slight coloured discharge monthly during both her pregnancies. Up to the time of her confinement she made no complaint and took much exercise. When Dr. Cormack first saw her in labour, at 5 p.m. on the 28th Nov., she had discharged a great quantity of watery fluid. On making an examination, he found that abundant hæmorrhage was going on, which was fast lowering the vital powers of the patient. On introducing the hand, he found a firm and somewhat elastic mass obstructing the vagina; it was felt to be attached around the orifice of the uterus externally, and chiefly to the anterior lip; the os uteri just admitted the forefinger. A strong solution of alum was injected, a compress introduced, and the vagina plugged. At 6 a.m., on the 29th November, the pains had become sharp and more regular; the tumour felt as a superficial roughness, with some more decided elevations. Nothing remarkable occurred for the next eleven hours, except a great drain from the seat of the disease of a dirty and faintly-reddened fluid, which, when profuse, was arrested or moderated by alum injections and using the plug. At 7 p.m. the os uteri was considerably dilated; and at 8 p.m., as there was a sudden accession of hæmorrhage, Dr. Cormack punctured the membranes. A living child was born at 9; the placenta soon followed, and the uterus contracted naturally. The next morning the tumour had regained much of its original condition. The patient appeared to go on well till the fourteenth day. At that time, in consequence of local pain, Dr. Cormack examined the uterus, and found the tumour nearly in the same state as at the last examination. He now explained the nature of the case, and the probable necessity for operative interference, to which, however, the patient was reluctant to submit. Dr. Henry Bennet saw her in consultation on the 20th day; and, in consequence of pain at the base of the tumour and of alarming hæmorrhage on one or two occasions, excision was proposed, but was objected to by the patient. Mr. Fergusson, who saw her some time after, discountenanced operative interference, from the improbability of accomplishing a radical cure. During the first part of this time the discharge had been abated by the internal use of gallic acid, and pain had been restrained by opiates; but at last the sufferings of the patient became so great, that Mr. Fergusson, at her earnest entreaty, excised the whole of the diseased mass on the 6th of February, 1848, anæsthesia having been produced by chloroform. For a month the patient seemed to go on well; but she then began to complain of shooting pains in the back and pelvic region, and the incised surface was found to have become granular. In two months from the operation there was a fresh excrescence, varying in size, from which a profuse watery discharge flowed at intervals. As time advanced alarming hæmorrhage occurred every two or three days. The pain was constant and agonizing. For several months before her death, she took daily from one to three ounces of the Edinburgh solution of hydrochlorate of morphia. Ulceration went on rapidly, and the patient died on the 17th July. During the last three weeks the attacks of hæmorrhage were so sudden and so violent, as to render it necessary to keep the vagina almost constantly plugged.

Post-mortem Examination forty-eight Hours after Death.—The cervix uteri was absent. The vaginal end of what remained of the uterus, as well as the upper portion of the vagina, was ulcerated. The incised surface of the uterus was hard aud almost cartilaginous, and presented flabby granulations or vascular excrescences; these had also been observed on the portion removed. The body of the uterus was harder, and rather larger than natural; it was dark on its peritoneal surface. The urethra, bladder, ovaries, and rectum, were free from disease.

Dr. Cormack thought that an operation at an earlier period might have been attended with a somewhat different result. Such tumours, although remaining stationary for some time, at last inevitably terminate fatally, a fact strongly in favour of early operative interference. The painless nature of cauliflower excrescence in the early stages is, however, likely to prevent the suspicion of existing disease. The experience of Dr. Simpson, as shown in some cases reported before the Medico-Chirurgical Society of Edinburgh in 1845, was also an encouragement to operate. The rationality of attempting a cure by operation was further supported by the researches of Dr. Andrew Anderson, of Glasgow, who had found that a regularly formed membrane was necessary for the growth of cauliflower excrescence. This membrane he believed capable of forming a cell-substance from the blood; and that the removal of this membrane, with the portion of the os uteri from which it grew, would hence be more probable to be successful. Dr. Cormack would unhesitatingly advise excision at an early stage; and even later would in many cases advise the same course, but merely as a palliative, and as affording a very forlorn hope of cure. If an operation be decided against, the proper treatment would be astringent anodyne injections and the internal use of gallic acid. The disease was probably hereditary; the mother of Dr. Cormack's patient having died of what was described to him as cancer of the womb.

Dr. Murphy remarked, that the case was interesting in two points of view:—First, the extreme freedom from unfavourable symptoms of any kind leading to the suspicion of the existence of disease during pregnancy, so that it was not until the occurrence of hæmorrhage caused an examination to be made, that the presence of a large mass of disease occupying the vagina, was discovered. It constituted a very remarkable feature in a case of malignant disease, that its malignancy should be stayed during pregnancy, and the life and health of the child in no way affected by the presence of the growth. The most important part of the paper, however, had reference to the treatment of such cases, when, as in the present instance, after delivery had taken place, the disease made rapid progress. Is it advisable to excise the cervix uteri, or not? His own experience which, however, was very limited, was opposed to it. Although apparently all traces of the disease were removed by operation, after a given time it would recur, and proceed to a fatal termination. This had been the case in two out of three cases in which he had seen the operation performed; in one, the disease relapsed at the end of three weeks, in the other, after three months. The third patient died from peritonitis. It is a question for pathologists, whether they can say that the cancer has been removed when the diseased growth has been excised. Surgeons are aware that in cancer of the mammary gland, they do not remove the cancer by the amputation of the diseased breast. It returns, and generally in the same part. The disease is constitutional and not local, so that its extirpation in the early stage of the disease even, would not prevent its return. There was one point in the treatment that had attracted his attention. Dr. Cormack had stated, that after the vagina had been plugged for the first time, although the mass was previously very large, it diminished rapidly in size, from the effect of the pressure. This supported the views maintained by Dr. Walshe, and would tend to show, that if pressure could not be relied on as a means of cure,

it might at least act as a palliative, and serve to restrain the further growth of the disease.

Dr. Henry Bennet remarked, that having seen the patient a few weeks after the confinement, and having also assisted at the operation performed by Mr. Fergusson, he was able to corroborate the details given by his friend Dr. Cormack, respecting this interesting case. It had, however, struck him on both occasions, that the disease appeared to belong, strictly speaking, more to that class of malignant uterine affections to which the term polypoïd is usually given, than to the disease described by Dr. Clarke, under the name of cauliflower excrescence. These two forms of uterine tumour were very often confounded under the term of cauliflower excrescence, which was certainly by no means desirable, the distinction being an important one with respect to treatment. Polypoïd malignant growths of the cervix uteri presented the characteristics of encephaloid disease, were more or less fleshy and firm, and sometimes admitted of entire excision, although almost certain to return. Cauliflower excrescence was formed by a mass presenting a vesicular and cellular structure, which melted away under the knife or ligature, and all but disappeared spontaneously after death, leaving only a few shreds behind; it was also generally considered to be much less malignant than the former. He had only met with one case of it, which returned and proved fatal, after the removal of the tumour by ligature. He had not either met with more than three or four instances of malignant polypoïd growth, one of which was in a woman in Clare-market, in whose case Dr. Murphy and he removed the tumour. In all these cases the operation had been unavailing, and the issue fatal. He should not, however, hesitate again to perform the operation, were the disease susceptible of entire extirpation, as there were cases on record in which the operation was said to have been successful, Dr. Simpson's, especially. Moreover, his own experience on the subject was yet limited. He could not, however, refrain from mentioning a fact which he had stated in his work on uterine inflammation—that cancerous disease of the uterus never came under his observation, even when he was the first person consulted, in its first stage of development; only in the more advanced or ulcerated stage; and that he had never seen a case of well-diagnosed cancer of the uterus end otherwise than fatally.

Mr. Stillman mentioned the case of a woman of dissipated habits, who died suddenly from uterine hæmorrhage. On examination of the body after death, there was found a large cauliflower excrescence, the existence of which had not previously been suspected. She had not had any pain, nor even the characteristic discharge. He thought the operation inadmissible in such cases.

Mr. J. B. Brown spoke in favour of the operation, the situation being, he said, peculiarly favourable for it, whether the knife or the ligature be used. If it had been performed earlier in Dr. C.'s patient, there would have been a better chance of success. Dr. Simpson's cases were valuable, because they showed years of life after the operation ; but they would still be valuable, if it were only months, if those months were passed in comfort not previously enjoyed by the patient. The surgeon should seek to relieve when he cannot cure. With respect to pressure, he believed, in cancer of the breast it could arrest the disease, if it did not cure it.

Mr. Hird observed, that it appeared to him that in the course of the discussion, two distinct diseases had been described; the cauliflower excrescence of Dr. Clarke, and carcinoma uteri: the treatment applicable to the one would be injurious to the other. There have been several instances of the cauliflower excrescence, in which the removal of the disease has been effected by the knife or the ligature, without any relapse; and again, only half the disease has been extirpated, the remaining portion dying away. The disease alluded to by Dr. Murphy was carcinoma. As he felt so certain of its malignant nature, but little advantage could follow either the operation or pressure; being a constitutional, or blood disease, the arguments against the operation were equally urgent against pressure. If any remedy could be discovered by which the constitutional taint could be cured, then the operation may be serviceable. Meanwhile, surgeons may be called upon to operate, to prolong life for a few months. It is an established fact in pathology, that a disease, simple in its origin, may afterwards become malignant, owing to the amount of irritation to which it may be subjected. If the disease alluded to by Dr. Cormack be simple and non-malignant, its excision may effect a cure; but, if it be malignant, no operation can do good. Great discredit has been brought on surgery by operations unnecessarily performed. (Hear, hear.)

Mr. Chippendale regretted that the microscopic examination of the disease had not been made, as it would have enlightened them as to the nature of the disease. Dr. Cormack had spoken of the disease as originating from a basement membrane; but he (Mr. C.) doubted this; he thought it was a cell-formation, for the germs from the membrane would not project so far from the parent membrane as the tumour did in this case. If it could be established that the disease sprung from a basement membrane, the operation might then be properly performed, because the whole membrane could be removed; but not so if it originated in cell-formation, because, however extensive the excision might be, the disease, being a blood disease, would be reproduced.

Mr. Marshall described the case of a young woman whom he attended in her second labour. She was not healthy-looking, but had not suffered from pain during her pregnancy, nor had any discharge. She died a few weeks after her labour, and at the post-mortem examination, a very large colloid tumour was discovered. In two cases of cancer uteri, he had traced the disease from its commencement to its fatal termination.

Dr. Cormack thought we had not yet sufficient evidence to decide as to the malignant, or non-malignant nature of the disease, and consequently as to the treatment to be adopted. With respect to excision, he thought that when, as in his case, the suffering was extreme, and life threatened by repeated hæmorrhage, it might be performed with propriety.

December 7, 1850.

Dr. J. R. Bennett, President, in the Chair.

HYPERTROPHY OF THE HEART.

Dr. Snow submitted to the inspection of the Society some morbid parts from the body of a man whom he had visited with Mr. Marshall. The patient, who was between fifty and sixty years of age, had been somewhat intemperate; he was accustomed to lift heavy weights, in his occupation of porter. He had suffered for the last two years from anasarca, with albuminous urine, and from cough and difficulty of breathing. The lungs were emphysematous throughout. There was hypertrophy with dilatation of the heart, to a great extent, without disease of the valves, except a little opacity of those of the aorta. Whilst filled with coagulated blood before its removal, the heart measured nearly fifteen inches in circumference, and five inches and a quarter from apex to base. After being emptied of blood and washed, it weighed nineteen ounces and a half. The walls of the left ventricle were an inch in thickness. The kidneys were somewhat advanced in granular degeneration, and the liver presented a nutmeg appearance, the centres of the lobules being of a dark colour. He considered that the dilatation and hypertrophy of the right cavities of the heart were occasioned by the obstruction to the pulmonary circulation offered by the emphysema, whilst the same state of the cavities on the left side was due to impediments offered to the circulation in the systemic capillaries, by the impurities which the diseased kidneys were unable to remove from the blood. The renal affection was probably a primary disease caused by intemperance, but must have been increased by the obstruction to the circulation through the lungs.

IMPERMEABLE STRICTURE OF THE URETHRA.

Mr. Henry Smith exhibited a specimen of diseased bladder and urethra, which had been removed from the body of a gentleman aged fifty, who had suffered for many years, from inveterate stricture of the urethra, and had ultimately died of dropsy. The patient had been under the care of some of the most eminent surgeons in London, who had made many attempts to pass instruments into the bladder; but of late, no catheter could be got in, and the patient suffered most intensely from the stricture. None of the urine came away by the natural passage, but the whole was passed by a fistulous aperture on the dorsum of the penis, just in front of the pubes. On three or four occasions lately, before his death, careful attempts had been made to get into the bladder, but they all failed. On examination after death, the bladder was found to be greatly thickened, and there were several cysts in it which contained small concretions. On passing a small probe through the urethra from the external meatus, it was found to travel in two directions ; namely, both through the natural way, and also, through a passage which commenced in front of the bulb on the right side, and passed for more than an inch through its substance. The patient during his lifetime, stated to Mr. Smith that one of the surgeons who had treated him had, after making many fruitless attempts to pass a catheter into the bladder, on one occasion given him excessive pain, and produced considerable bleeding, and he at that time considered that a false passage had been made, for he had felt the instrument go to the right side, and ever since this period he had suffered much more. Mr. Smith did not bring his case forward merely as a pathological specimen

but it was of considerable interest in reference to a mode of treatment which Professor Syme had brought forward; namely, that of passing a small grooved instrument through the urethra and cutting down upon it and dividing the stricture. He considered that this case showed the danger and inexpediency of such an operation, for in this instance it would have been impossible to know where the staff was going, whether in the right or wrong passage. He had an opportunity of showing to the Fellows of the Society the instrument which Professor Syme uses, a friend from Edinburgh having kindly sent him one. They would see that the staff was very small and strong, and might be pushed anywhere if sufficient force were used; and if an unnatural passage existed, as in the case before them, it would be very easy for the surgeon to pass it in that direction; if, under such circumstances, he cut down upon it, great mischief might ensue.

Dr. Crisp was of opinion, that if Mr. Syme's operation had been performed in this case, the patient's life might have been saved.

Mr. Smith remarked in reply, that the patient died of dropsy; the liver was diseased; there was, in fact, cirrhosis of that organ. He had brought a case forward merely to show, that if Mr. Syme's operation had been performed, from the existence of a false passage, the instrument used being a small one, not larger than No. 1, it would, in all probability, have passed into it instead of the urethra, and as in that case the false passage would have been the parts opened, the consequences of the operation might have been very dangerous.

Mr. Chippendale observed, that Mr. Smith seemed to doubt the truth of Mr. Syme's assertion, that he had never met with a stricture that he could not pass an instrument through. He (Mr. C.) thought it might be a true statement, because he himself had never failed to pass an instrument. It is a delicate operation; but a surgeon, well acquainted with the anatomy of the parts, ought to be able to pass the instrument. He opposed Mr. Syme's operation, for the very reason that he could always get an instrument into the bladder. If a small one could be used in the first instance, a larger one could be passed afterwards. He used the sound, and not the catheter; nor did he mean to imply that he succeeded in passing it at the first sitting.

Mr. Borlase Childs, as the results of his experience, had found that by patience and perseverance, the instrument could always be passed into the bladder.

Mr. Canton drew attention to Avery's speculum—a straight instrument was passed down to the stricture; this, by means of a metallic reflector and a bright light, would enable the surgeon to detect the orifice of the stricture. It was also very useful where a false passage existed, as by its means both the real and false openings could be discovered. It is a very valuable instrument, but is not employed as frequently as it ought to be.

CROWING INSPIRATION IN INFANTS.

Mr. Cox then read a paper on the crowing inspiration in infants. He commenced the subject by remarking the great frequency of nervous affections during infancy. He then proceeded to examine the *causes* of the crowing inspiration. These were *predisposing*, *exciting*, and *proximate*. The *predisposing*,—any such as affect the healthy condition of the spinal marrow, the malady being one not of the cerebro-spinal, but of the true spinal system ; in fact, a morbid exaltation of the reflex function. The strumous diathesis, female sex, and the practice of artificial feeding, were considered to be the chief. And any *exciting* cause, frequently in operation, must eventually disturb the equilibrium of the nervous centres, and produce permanent irritability, thus becoming a predisposing cause. Sleep (or rather sudden awakening), passion, terror, screaming, &c., were centric causes of the disease. The *exciting causes* are eccentric, consisting of irritation of various incident nerves, principally the trifacial, pneumogastric, and spinal. The author considers the *trifacial* as most frequently at fault, and illustrated this by stating that painful dentition was almost always present. This is in opposition to Dr. Reid's views, who considers the pneumogastric most frequently the source of irritation. The author believed diseases of the cutaneous surface, such as eczema, were often the source of morbid action. He then made some remarks on the pathology of the disease, contending that it consists in spasm of the laryngeal constrictors, and not in paralysis of the dilators, as held by Dr. Hugh Ley. He could not conceive how paralysis could possibly explain the tetanoid condition of the glottis, nor how paralysis could be so suddenly induced and removed as in the spasm in laryngismus stridulus. The author also expressed an opinion (founded on observation and autopsy), that in no case is the disease dependent on morbid changes within the head. All cerebral symptoms are to be considered as the result of suspended respiration,—the effects, and not the cause, of the malady. The author then, at some length, endeavoured to trace an analogy between the crowing inspiration and epilepsy; the chief arguments being,—1. That the symptoms are identical in type. 2. That persons who in infancy are affected with the one frequently become subjects of the other in adult age. This was stated from personal experience. 3. Epileptic patients often suffer from a suffocative spasm of the larynx at the onset of a seizure. The *symptoms* were then briefly touched on, and a few of the most important noticed; the *premonitory signs*, in addition to those usually observed at the coming on of all convulsive affections, being (as he stated) an unusual condition of pulse, very slow, full, and irregular, and obstinate clenching of the thumbs on the palms. It was also interesting how, during the attacks, other and remote parts of the diastaltic system were influenced. Tenesmus, strangury, and obstinate closure of the sphincters, were often noticed. The author next (after objecting to the names generally given to the malady, and proposing to substitute a new one, viz., "suffocative laryngeal spasm") proceeded to consider the different modes of treatment. The chief remedies he advocated were,—chloroform inhalation during the paroxysm: citrate of iron, as a tonic, during the intervals; and lancing the gums and hydrocyanic acid to subdue the irritable condition of the spinal cord, after all sources of irritation connected with the excitor nerves had been removed. He largely dilated on the necessity for the latter remedial agent, and its great efficacy; he had rarely witnessed its failure. The dose was $\frac{1}{4}$ of a minim three times a day for a child three years old, increased (if necessary) to $\frac{1}{2}$ a minim. Dose of the ferruginous tonics as large as the system will bear. Change of air, and the substitution of good breast milk for artificial food were also important auxiliaries. As regards prophylactic treatment, he considered the chief to be regulation of diet, attention to the state of the gums and alvine secretions (deprecating, however, the frequent use of purgatives), and avoidance of all undue mental or bodily excitement. The author then read reports of his cases, twelve in number. Of these eight were females, and nine of decidedly scrofulous diathesis. Five had been dry-nursed. With the exception of three, all these cases were treated successfully with the chloroform and hydrocyanic acid. In one of these three cases there was aneurism of the aortic arch, revealed by the autopsy; in another, no lancing of the gums was permitted, and no *post-mortem* examination; and, in the third, the patient had received a fall on the vertebral column two months previously, causing myelitis. The *post-mortem* examination showed vascularity of the cord and its membranes, a thin layer of fibrine on the dura mater, and the arachnoid opaque and thickened. In most of the successful cases, the removal of evident sources of irritation cured the disease for a period, but it was generally found to return, in consequence, as the author contended, of the cause becoming persistent and centric in the medulla spinalis; hydrocyanic acid was then given, and always effected a permanent cure.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

November 26th, 1850.

R. B. Todd, M.D., F.R.S., Treasurer, in the Chair.

A CASE OF SOFTENING OF THE SPINAL MARROW IN A BOY AFFECTED WITH CHOREA.

By ROBERT NAIRNE, M.D.,
Physician to St. George's Hospital.

A boy, aged 17, was admitted into St. George's Hospital on the 27th of June last, with symptoms of acute rheumatism, and presenting, at the same time, well-marked symptoms of chorea. A mitral systolic murmur could be heard. The boy had suffered from previous attacks of rheumatism since the age of 12, but his friends had never seen him "in this way" before. The last attack of rheumatism was about Christmas, 1849. During five weeks before he came to the hospital, convulsive motion of the hands had been observed; during the last two weeks he had stuttered much, and frequently contorted his mouth. Five days before admission he had been to market in a cart; he complained much of the jolting, and the next day was unable to leave his bed. He did not attempt to walk afterwards, and was said to have had a fit on the morning of the 24th. He was somewhat relieved by the treatment employed during the first day or two; he then became worse, more restless, delirious, more feeble, and violently convulsed. For two days he passed his motions under him. Some hours before his death, the convulsive movements ceased, and he became comatose. The body was examined twelve hours after death. There was congestion of the veins of the spinal canal and of the veins and sinuses within the cranium. About an inch of the *entire thickness* of the spinal

cord, opposite the third and fourth dorsal vertebræ, was *white, softened, and almost diffluent*, the rest of the cord being in its natural state. The brain was of firm consistence, and injected with blood. The pericardium adherent; the mitral valve fringed with small vegetations. The lungs congested. The author remarks upon the points of interest of the case:—Chorea associated with acute rheumatism, and palsy of the lower extremities, depending upon softening of the spinal marrow. He refers to four cases on record, where softening of the spinal marrow existed in persons who had been affected with chorea. He does not consider there is any reason for supposing that in these cases the softening of the spinal marrow was the cause of the chorea. His observation of this disease would deter him from connecting it with disease of the brain or spinal cord. He believes a careful study of the phenomena of the disease during life to be the best means of gaining a more correct insight into its nature than we are possessed of at present. He refers to three other fatal cases of chorea which have been observed by him in the wards of St. George's Hospital: one occurred in his own practice, and the other two were patients of Dr. Macleod. He concludes by remarking, that the curious fact of the existence of sensation, and the transmission of nervous impressions to the palsied muscles of the lower extremities, although the spinal marrow had undergone the change of structure above described, shows that there is yet much for us to learn respecting its functions.

Dr. Webster said the case now brought under the notice of the Society was important; it supplied an additional illustration of the pathology of a disease, about which a considerable diversity of opinion prevailed. As Dr. Nairne had alluded to several authors who have written upon this subject, he (Dr. Webster) would add other authorities, some of whom entertained somewhat opposite opinions. For instance, Serres found the corpora quadrigemina and striata diseased in four cases of chorea. Magendie and Bouillaud limited its seat to the cerebellum. Dr. Copland, about thirty years ago, published a case, in which there was coagulable lymph effused over nearly the whole length of the spinal cord, with inflammatory appearances of the membranes. Dr. Aleprande, an Italian physician, also considered the spinal cord to be chiefly implicated; whilst Dr. Pritchard, a great authority on nervous diseases, likewise met with morbid alterations of structure of the same kind in four instances; from all he (Dr. W.) had ever seen of this complaint, the medulla oblongata seemed to be the true seat of chorea. Dr. Nairne did not, however, go that length, although the case now reported led to that conclusion. The sex and age of the patient were also interesting points, and deserved notice, especially as the disease terminated fatally; since it is generally more rare, and less frequently causes death in lads than in girls. These conclusions Dr. Webster confidently asserted upon what he considered very good evidence, namely, that in twenty-one cases which had come under his own care, when physician to two public charities, sixteen were females, and only five boys; one of the former died, but as permission was not obtained to examine the body pathologically, the morbid changes could not be ascertained. Again, respecting the comparative mortality in each sex, he might state, that of twenty-four deaths registered from chorea throughout England and Wales, during one year recently, twenty were females, and only four males. Hence, this disease appeared, not only more common, but of a much more severe character in the former than in the latter class of patients. Although the author had not enlarged upon the treatment of this frequently intractable complaint, he (Dr. Webster) nevertheless observed, that the purgative method recommended by Dr. Hamilton, according to his experience, proved the most successful; the purgatives being accompanied in most cases, or at least soon followed by tonic remedies, and especially steel, where any uterine derangement prevailed. Some stimulating applications to the spine were employed occasionally with considerable benefit, the diet being light as well as nutritious; whatever opinions might be entertained in regard to the pathology of chorea, all must admit that its treatment is always of great interest to practitioners.

Mr. Barlow said that he had listened with much interest to the case of Dr. Nairne, which seemed to show how a disease might simulate chorea, so as to be mistaken for it, notwithstanding due care on the part of the physician. He was aware that there were cases of so-called fatal chorea; but where there were symptoms similar to those seen in chorea during life, and a lesion of the spinal cord was discovered after death, he thought that the example should be classed amongst organic spinal affections, rather than placed amongst instances of a disease for the most part so curable as true chorea. Many ailments often entered into the pathology of a case of chorea, and made it most complex; there were combined in cause and completion of the whole of the symptoms, changes of the blood, excitement of the spinal marrow, waywardness of will, and irregularity of the passions. The motions were generally most peculiar, and unlike those of any other disease; in what did they remind us of the quick, altogether spasmodic action seen so commonly in epilepsy? He was surprised at Dr. Webster's statement respecting the mortality of chorea, and should like much to know the full history of the cases whereupon he had founded it. He had been much instructed by the account he had heard, and thought that all diseases of the nervous centres which were accompanied by movements like those of chorea, should be placed on record.

Dr. Webster, in reply to Mr. Barlow, observed that the twenty-four deaths from chorea, which he had previously mentioned were stated on the Registrar-general's authority; and he had referred to such an official statement, on purpose to show its greater fatality amongst females than males, the facts there reported being conclusive evidence. As Mr. Barlow seemed also to have misunderstood his (Dr. Webster's) observations respecting the sexes of the twenty-one patients treated by himself, it became necessary to state again that sixteen were girls and only five boys, all of them younger than the patient whose case had been related that evening by Dr. Nairne.

Mr. Barlow thought that the statistics in this case would prove to be erroneous, as they were founded on supposed cases of chorea.

Dr. Sibson said, that Dr. Nairne's case was not the less one of chorea because of its fatal termination, and the existence of softening in the spinal cord. During the time that he resided in the Nottingham Hospital, eighty-four cases of chorea were admitted, of which five died from exhaustion. He need not say that those were chiefly the worst cases that were admitted. This fact supported the accuracy of the Registrar's returns of deaths from chorea. Chorea, like apoplexy, is rather an assemblage of symptoms proceeding from various morbid causes, than a disease itself. The choraic movements, irregularly alternate, involuntary, and increased by emotion, are allied to those movements which often take place in a paralysed limb, under the influence of emotion; they are also allied to those remarkable and alternate reflex movements of the whole body, observed by Sir Benjamin Brodie, in his experience on a decapitated dog during artificial respiration. The control of the brain over the reflex movements was lost, while the movements were powerfully excited by the circulation. In chorea, the control of the brain over the reflex movements is diminished at the same time that its peculiar movements are excited by emotion. The cause disturbing the balance of the control of the brain over the nervous forces may exist in various morbid conditions, any of which may induce the choreal movements.

Dr. Todd suggested, that if they could not agree as to the pathology of the disease, some remarks might still be made as to the treatment. He would be glad to learn if any one present had tried the inhalation of chloroform, which seems to have some influence in checking convulsive diseases.

Dr. Snow had exhibited it in a case of chorea, under the care of Dr. Chowne. It appeared to afford some relief to the spasmodic movements; but he did not know whether any permanent benefit had followed. He was ignorant of the ultimate history of the case.

Dr. Sibson remarked, that it had been tried in one case at the Nottingham Hospital, but the spasmodic movements seemed to be aggravated by its inhalation, and consequently it was not repeated.

Mr. Streeter would regret that this discussion should terminate without some allusion to diagnosis. Wishing to speak with all the modesty and diffidence that should ever characterise observations on cases not personally seen, he would say that there was something more than chorea here. He would suggest the spinal arachnitis or myelitis of Ollivier—a chronic disease involving the neurilema of the fibrillæ of the cord—had been the primary disease, and the supervention of the ordinary symptoms of chorea arose from the extension of irritation above and below the local affection. This disease in its acute form was rapidly destructive to the nervous tissue, and its immediate diagnosis from rheumatism or common nervous irritation, essential to save the sufferer from being crippled for the remainder of life. Several years ago he met with such a case of spinal meningitis in a youth, who applied to him one morning, with unusual movements and slight numbness of the fingers. Pressure over the spine between the shoulders gave great pain, and was followed before night by rapid aggravation of the symptoms, and development of the true nature of the attack. In consultation with Dr. Robert Willis, the most active treatment was pursued; bleeding from the arm, leeches, purging, ptyalism, and blistering. The symptoms disappeared, but a long period of quietude from active exertion, and a country residence of two years elapsed before the complete restoration of his usual muscular powers. Had a few hours been lost in the diagnosis or treatment, this young man must have been a cripple for life. The danger of the acute

form he trusted would excuse his digression; but the case related by Dr. Nairne, he believed, was an instance of the same disease in an insidious chronic form, complicated with other and more obvious forms of functional irritation, which had masked the more dangerous local organic disease that was going on within the spinal cord.

Dr. Nairne said that the case might have been considered as one of myelitis or spinal arachnitis, and not chorea, but for certain circumstances in the history of the case, such as the occurrence of articular rheumatism, with pain and redness of the ancles and knees, shifting from joint to joint, and the affection of the endocardium. These, he thought, were very strong evidences of a rheumatic ailment. The boy had, in fact, the rheumatic diathesis, and this, he believed, was a very good reason for the diagnosis he had formed. Mr. Barlow doubted whether the spasmodic movements were really and truly those of chorea. He (Dr. N.) thought the description of the symptoms showed that they were; they presented all the characters of chorea; the tongue is put out in a peculiar manner in chorea, which is not seen in any other convulsive complaint. In the cases of disease of the spinal marrow with spasm, which had come under his notice, the movements did not present the peculiar character of chorea. Others, however, may have met with such cases. The movements in this boy were as truly choraic as in any case he had ever seen.

Dr. Mervyn Crawford gave full credit to Dr. Nairne's diagnosis, for although in spinal disease rheumatism might occur, yet he should not expect the articular form. Chorea he believed to be a functional disorder. He had not seen cases of it so late in life in males at the Middlesex Hospital, as in Dr. Nairne's patient, but he had had several in females at the age of seventeen, and three or four at twenty-four years of age. Whether or not we are able to form a correct idea of the cause of the disease, in treating it we find it somewhat puzzling. If all cases are treated by purgatives and steel, the remedies will fail in some. Suppose that in some instances there exists congestion of the cord, steel should certainly not be given in those cases; yet the great success attending that plan of treatment will show that congestion cannot be of ordinary occurrence. He had had a remarkable case of chorea in a man, sixty-five years of age, who left the hospital uncured. He presented all the ordinary phenomena of chorea. The disease was of eighteen months' duration; everything was tried, first in the Salisbury Infirmary, and afterwards at the Middlesex Hospital, but he did not improve. He carefully examined all the organs, but could not detect the presence of any disease; nevertheless, he suspected there was latent organic disease of the cord. With respect to the treatment, they had more to consider the duration, than the mortality of the disease. He had never seen a case end fatally, and he believed that such were extremely rare. In every case he should exhibit purgatives, and early in the treatment commence with tonics. Some patients are cured with zinc alone; when that fails, steel may be had recourse to, and the use of shower-baths. In some few cases he had been obliged to give the liquor arsenicalis. In females, from eighteen to twenty-four years of age, it is usually associated with a disordered condition of the uterine system, in the form of either amenorrhea, dysmenorrhea, or menorrhagia. He thought it would be very interesting to ascertain the causes of death in those cases where the disease proved fatal.

Dr. Webster, with respect to the remarks of Dr. Crawford, would observe, that wherever chorea occurred in advanced life, it was generally in females. An instance is reported in a woman upwards of 80, and another from 50 to 60 years of age. He (Dr. W.) had been consulted in the case of a full-grown female between 18 and 19, who was the oldest patient he had seen affected with this malady; Dr. Crawford's opinions, consequently, were fully borne out by experience. Some physicians thought chorea was occasionally an hereditary complaint. It might be so; but although he had made inquiry on this point, of patients under his own observation, no traces of the kind could be ever established. He might, however, state that two of the cases before mentioned occurred in a brother and sister, the former having been of a very severe description. Dr. Webster then said chorea more frequently affected ill-fed children, living in dirty, unhealthy localities; and that it was much less common amongst the middle or upper ranks of society than in the poorer portions of the community.

Dr. Todd wished to ask Dr. Crawford whether the old man, whose case he had described, might not be labouring under paralysis agitans, which in many respects resembled chorea, with this difference, that in paralysis agitans, the convulsive movements may be readily controlled by mechanical means, while it is not so in chorea, attempts at control increasing the convulsive movements.

Dr. Mervyn Crawford in reply stated, that the symptoms were those of chorea in its most violent form. Nothing could control the movements. The symptoms were not at all like those of paralysis agitans. The man had not suffered from any previous illness; he was advanced in life, but certainly not an old man.

Dr. Seth Thompson mentioned tartar emetic as a remedy in chorea. In the case of a married woman, a patient in the Middlesex Hospital about three years ago, in whom the disease supervened on a miscarriage, the symptoms were passing into coma, and the jactitations were very violent. He gave tartarized antimony with sulphate of magnesia; in twenty-four hours she was much better, and was soon quite well. The case was undoubtedly chorea.

Dr. Nairne had employed tartar emetic at first in this case, and he had thought it would effect a cure; but on the second day, finding the patient not improving, and the febrile excitement increasing, he gave calomel on account of the rheumatism on which the chorea had supervened. He had not alluded to the treatment, being desirous of drawing attention solely to the pathology of chorea and the physiology of the nervous system.

Dr. Black referred to the popular belief that chorea is the result of fear—of course with that no organic change would be associated. He thought there was some truth in the opinion that it was hereditary, or at least that it ran in families.

Mr. Tatum was unwilling that the discussion should close without some observation being made on the state of the spinal cord, and on the physiological points bearing on its altered condition. According to Dr. Nairne's statement, a portion of the cord was in a diffluent state without apparent coherence or organization. Now, it was an interesting fact, that the spasmodic actions of the muscles peculiar to chorea, with their modifications under the influence of mental emotions, were equally present in the lower and the upper limbs, showing that the chain of nervous communication between the brain and the apparently isolated segment of the spinal cord was uninterrupted. How could we explain this? Was there some other channel by which the nervous influence could be transmitted? Was the cord, in this diffluent state, nevertheless capable of transmitting the nervous influence? Was its coherence greater than it appeared to be? Or, was not coherence absolutely necessary for the performance of the functions of the organ? Most of us had seen cases in which many of the nervous functions had been carried on, in spite of an apparently disorganized state of a portion of the spinal cord. The subject was one on which he felt anxious to hear some remarks, especially as there were those present who had made the subject of the functions of the nerves their especial study.

Mr. Charles Hawkins mentioned the cases of seven gentlemen, brothers, all of whom were paralytic.

Dr. Ogier Ward had a patient, 76 years of age, now under his care with paralysis agitans, in whom the movements could not be arrested by mechanical means, but, on the contrary, they were aggravated by it. The disease was of thirty years' standing.

Mr. Athol Johnson inquired the amount of diffluence of the spinal cord, whether it were confined to the white, or extended to the grey matter? If it were complete, he could not understand how emotional influence could pass down the cord.

Dr. Nairne replied, that the central portion was the most disorganised. At that part the cord was quite fluid. It was quite destroyed throughout its entire thickness, and the slightest pressure broke it up. He had seen cases of paraplegia, but had never before seen so much destruction of the cord as in this case.

Dr. Todd would infer, from the fact that the influence of emotion acted on the lower extremities, that the spinal cord was not completely destroyed. The diffluence might be a *post mortem* change, or might have occurred just before death. It did not follow because the spinal cord was diffluent, that its connections were altered and interrupted. The *post mortem* examination was defective, the parts not having been submitted to the microscope, which would perhaps have settled the question. If nerve-tubes, &c., had been found, it would be presumptive evidence that the connection was not interrupted.

Mr. Tatum observed, that if we laid so much stress on the changes which took place in the body in the short space of time between the death of the patient and the *post mortem* examination, we could never, in future, put trust in the appearance of any morbid alteration which a *post mortem* examination might reveal; for if one, then all structures (though not in an equal degree) must undergo such changes in a few hours after death as would leave us altogether in the dark as to the condition of the morbid structure during life, and morbid anatomy must henceforth become an useless appendage to our studies.

Dr. Nairne observed, that the softening did not depend on

cadaveric change, because the parts above and below the *ramollissement* were in singular contrast to the diseased part.

Dr. Marshall Hall remarked, that notwithstanding the appearances discovered after death in the case before the Society, he could not allow that a severed condition of the spinal marrow was compatible with movements of the lower extremities, influenced by the will. Movements, induced by reflex action, or from direct irritation, might certainly take place, if a portion of the spinal marrow were intact; but in this case they were stated to be directly under the influence of the will. This is contrary to all experiments. Experiments, properly performed, are not liable to the doubts which must result from the evidence of disease, because, in the latter we cannot ascertain with certainty the organic changes that may take place during the latter hours of existence, and consequently, what amount of disorganisation should be added to that which may occur during the process of opening the spine. He had formerly employed a special instrument for separating the spinal processes; but he now was not sure that its use would not injure the spinal marrow. He had therefore abandoned its use, and now employed another, constructed with a curved cutting blade, acting as a lever upon a fulcrum laid across the spine. The case before the Society was apparently one of rheumatism, endocarditis and choraic movements. But it does not seem to have been ascertained whether these diseases were co-existent, or were connected together as cause and effect, or, indeed, whether the peculiar movements spoken of as choraic, were really dependant on chorea or not. In true chorea the influence of the volition is modified by emotion, and hence result its peculiar movements. In paralysis agitans, the movements are not under the influence of volition, although they are still produced by emotion. At first they are not perceptible during sleep; unless it be under the disturbing influence of annoying dreams. These are peculiar and characteristic symptoms.

THE INSTITUTE MEDICAL JOURNAL.

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MEETINGS OF SOCIETIES.

MEDICAL SOCIETY, Saturday, December 14th, at 8 P.M.
STATISTICAL, Monday, 16th, at 8 P.M.
CHEMICAL, Monday, 16th, at 8 P.M.
LINNEAN, Tuesday, 17th, at 8 P.M.
PATHOLOGICAL, Tuesday, 17th, at 8 P.M.
MEDICAL, Saturday, 21st, at 8 P.M.

THE INSTITUTE.

LONDON, SATURDAY, DECEMBER 14, 1850.

No one will deny that the world's history presents a series of marked phases, each of which betokens some distinct and mighty epoch, differing from its predecessor or the one which follows. What may have brought about these distinct and different epochs, it is not quite easy to trace. In ages past the interval between each was greater; but in the days in which we live the advances of science and human learning are so rapid that nothing can fairly be said to stand still. The cries of reform which we hear on all hands, are not sudden ebullitions of fancy, or freaks of society; increased knowledge has revealed the *necessity* of reform in all human institutions, and although this knowledge is often exercised in an intemperate and unlawful manner, let it not be supposed that the stimulus to action in the first instance in itself was bad. It is not difficult to the experienced to distinguish between those who are clamouring for the attainment of their own selfish ends, and those of an enlarged mental calibre, who, while making a dignified and honest protest against abuses, are using their best endeavours to bring about a better condition of things. The first class are characterized at once by their irritability and peevishness; petty motives, petty arguments and reasonings are ever escaping their lips, while the true unselfish reformer reads a healthy and instructive lesson in the pages of the world's history, which enables his penetrating eye to see through the darkness, the vista of the future. Patience and firmness mark his course throughout; he sees what the selfish man cannot see, for selfishness is the ophthalmia of mental vision. Sincere and devoted, he gathers from that great living book, the world, those eternal principles of truth, which alone can govern men aright in the accomplishment of great objects, and he carefully incorporates them into his system as an essential and indisputable part thereof. In a word, he is content to sacrifice himself in the achievement of his mighty purpose.

We are about to speak of those gentlemen fulfilling the arduous duties of general practice throughout the length and breadth of this land. Oppressed, as a body, with innumerable evils, coerced into a position from which they shrink, trampled on by boards of guardians, and maltreated by the College of Surgeons, these valuable men are still found pursuing their daily career of usefulness, attending the sick and the dying, bestowing the same courtesy upon the poor as upon the rich, and moreover, preserving their position as gentlemen and exemplary characters. It is this class of men with whom we have sympathy, and in whose cause we feel all our efforts should be made. We are writing of the general body; we are not speaking of individuals. It would ill become us to enter into details of any petty jealousies or misconduct of individuals. What body of men under heaven, alas! is there, that has not these unsightly sores? We look at them *en masse*, and we are compelled to say, that a calm and dignified bearing, under oppression, has throughout characterised and distinguished them. It is this that gives us the assurance that their day of deliverance is not far distant, and encourages us to lend heart and hand to help them. February is rapidly approaching; in the ensuing session of Parliament it is quite clear something *must* be done; and heartily glad are we to find that we are not alone in this opinion. Our clever contemporary, the *Lancet*, has ingeniously remarked, in a late number, that nothing now "stops the way" but the College of Surgeons; and it is highly gratifying to us to know that those sentiments which the General Practitioners have held for so many years should at last be heartily embraced by our contemporary. We quote one short passage as being very striking:—

"We have great apprehensions that if the Council unwisely persist for another year in refusing a measure of collegiate reform, ample enough to satisfy the great majority of General Surgeons, both in the metropolis and in the provinces, this body will imperil almost the existence of the College of Surgeons."

Now, this is unquestionably very strong language, but it is nevertheless quite true. Grave reflections were suggested to us as we, the other day, passed the once venerable pile in Lincoln's-Inn-Fields. We had been to look at the Crystal Palace, and the gloomy sullen aspect of the one bore a strange contrast to the clear transparency of the other. All men may

gain a very instructive lesson by contemplating this vast fabric. The College of Surgeons may learn how beautiful is transparency; while the General Practitioners cannot fail to be taught by it, how powerful are unity and organization. But, to return to the gloomy building which, as we have said before, gave rise to such grave reflections, we could not help thinking of our earlier years, when we passed the court-yard with a beating heart, proud of our connexion with an institution which was associated in our memory with the greatest men of the age. Hunter, Cooper, Abernethy and Cline, and a host of others flashed across our mind; but alas! as we behold it now, no such names any longer adorn it. The character of our *alma mater* has been impeached; her moral integrity has been called in question; if she has not positively acquired dissolute habits, we know she has allied herself with *queer fellows*, and an assumption of false dignity has blinded her to the necessities of the times. We believe there are a few in the midst of her who suffer in secret and desire better things, but who feel themselves enchained, and know not how to loose their bonds; who, if they dared, are ready to admit that the rapid progress of human learning has revealed to them the absurdity of a College of *pures*. Alas, for all human institutions! The pride engendered by the attainment of vigorous adolescence, acts like a canker-worm producing gradual decay! He was something more than a wag who remarked upon the contiguity of the College of Surgeons to Portugal Street; there are more senses than one in which she may be only "one step from the Insolvent Court." May such a catastrophe be averted by timely precaution! We shall shortly have occasion to reprint the New Medical Reform Bill. The Apothecaries' Society alone, with true manly dignity, have expressed their readiness to aid the reform measure, while the *pures* in Lincoln's-Inn-Fields, fearing the large iron pestle of Blackfriars is about to fall on their toes, are assuming an air of surprising dignity, and carefully avoid eating garlic, lest it should be supposed they have been rolling assafœtida pills.

THE MEDICAL PROTECTION SOCIETY.

This Society now appears to be established on a firm and secure basis, and is under the responsible management of a President, Trustees, and Committee. The profits are to be devoted to the erection of a College for the distressed members of the Medical Profession and their widows, and also for the Education of the Sons and Orphans of Medical Men. The future name of the Society will be, "*The London and Provincial Medical Protection and Benevolent Society.*" The Committee propose to confine their operations to the collection of debts and the sale of practices and partnerships, and disclaim any intention of entering into banking or discounting transactions.

REVIEWS.

The Anatomical Remembrancer. Fourth Edition. S. Highley, Fleet-street.

That this little book should have run through four editions, is of itself sufficient commendation. The Preface to the first edition states that "the sole object of this manual is to recall to the mind of the student in anatomy the information he may have acquired either by actual dissection or the perusal of works which profess to treat more fully on the subject. The author, therefore, presumes, it will be found highly useful to those who are preparing for examination at the Royal College of Surgeons and Society of Apothecaries." Since this preface was written, however, the book has undergone considerable enlargement, and is, in many respects, rendered much more valuable. One great beauty of the work consists in the smallest possible number of words being used, and in this respect it is invaluable as a means of refreshing the student's memory. The perineum, the muscles of the back, and the anatomy of the brain are described with great accuracy. Another of these little Pocket Companions, by the same publisher, entitled—

Hand Book of Anatomy for Artists, deserves equal praise, and is a description of the bones and muscles of the human figure, arranged in a suitable manner for easy reference, and particularly handy for artists and others while actually engaged in drawing. The wood-cuts are admirably executed. We principally refer to plate X., the head and neck. The entire drawing is perfect, while the muscles of the face, especially, are beautifully delineated by the engraver.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

LXXX.—The Birth of Acranial Monsters. By Dr. Purple.—That labour should be more or less modified by acrania or pseudencephalous fœtuses, we should, *à priori*, naturally infer. Such, in fact, is the case. In those cases where the tumour on the head presents, the young practitioner might very easily be deceived; and should there take place, by any accident (which certainly is possible), rupture of the vessels of the vascular tumour, the hæmorrhage might be easily confounded with a modified case of placenta prævia. Should such an accident complicate the delivery of a pseudencephalous fœtus, we should not have such an amount of hæmorrhage as in the case of placenta prævia; neither would it occur previous to the commencement of labour, as is the case in the latter.

There is another point which has been noticed by writers, and which should not escape our notice in this place, viz., the difficulty which the considerable volume of these fœtuses gives rise to. The bodies of almost all acrania or pseudencephalous fœtuses, which arrive at the full period of gestation, are more fully developed than the bodies of those which present no anomalies. The shoulders are broader, and their weight is greater, as a general rule. This fact must render labour much more protracted, as is illustrated in two of the cases reported. Hilaire, on this point, says:—"The considerable volume of the greater portion of pseudencephalous fœtuses renders labour very protracted; this fact will appear, if reference be made to the accurately made and recorded observations on this family of monsters, and such, also, is clearly seen in those cases in which I have been able to collect precise information, and in nearly all of which they were born a long time after the invasion of the first pains." Should circumstances arise in the course of labour which would indicate the application of forceps, it is reasonable to suppose, from the anatomical figure of the head, that more or less difficulty would be experienced in the extraction of the head, if not in the application. In the case which I have recorded, the breadth of the shoulders did not exceed those of a normal fœtus: this fact may account for the ease and rapidity of the labour.

The frequent occurrence of this family of monsters, is mentioned by writers. Mr. Wilde, in his work on Austria, published some six or eight years since, gives the statistics of monstrosities occurring in the Imperial Lying-in Hospital in Vienna (the Geberanstalt), for the eight years ending 31st of December, 1840. Out of 23,222 births, there were 68 cases of monstrosities,—or 1 in 341·5 births; of the 68 cases, there was only 1 "wanting the superior part of the vertex;" 1 other is reported as "hemicephalus." From these tables, it would appear that they are by no means of frequent occurrence, as some authors have supposed.—*New York Journal of Medicine, July*, 1850; *Monthly Journal, Nov.*, 1850.

LXXXI.—Observations on Ozæna and its Treatment. By M. Max. Simon. Condensed.—Authors have with reason assigned to various causes the fœtid odour with which the air is charged, under some circumstances, in passing the anfractuosities of the nasal fossæ. Sometimes the mucous membrane is the seat of one or several ulcerations, or other ulcerations exist, still deeper seated; sometimes there is deformity in the nose, congenital or acquired, which stops the free outlet of the secreted mucosities; sometimes nothing is found in the mucus but the signs of a simple chronic phlegmasia. Taking the word *ozæna* in its etymological sense, can it be produced without the conditions we have

ust enumerated? This is the question we propose examining in this paper.

The most superficial observation shows us, that certain secretions in the economy modify themselves in such a manner, that the liquid which composes them exhales an odour more or less fœtid and variable. It is thus that, in certain individuals, and notwithstanding the most careful cleanliness, the sweat of the feet emits an offensive odour; it is thus also, that in some persons, and we do not refer to red-haired people, in whom it is normally observed, the sweat of the arm-pits is extremely strong under some circumstances; it is thus that some women, at the time of menstruation, have an intolerable breath. It cannot be admitted that, in these cases, the fœtid emanations have been produced by inflammatory action. Nothing is seen in the organs from which they escape, which marks a lesion of this nature. There is in these different cases a perversion of secretion, which is not the less real, although the manner escapes us, and which cannot, except by a pure hypothesis, which observation has not verified, be referred to a morbid process of a phlogistic nature. In dilating on these facts, we ask if ozæna itself is not found in some cases independent of any local lesion. It is an indisputable fact, first, that the ulceration of the nasal mucous membrane, which is often met with in this disease, whether syphilitic or of any other kind, is not the cause of a fœtid odour, properly so called; and what completely proves this is, that it is not rare to find ozæna in patients in the highest degree, in whom the most attentive observation has not discovered any ulceration whatever. MM. Cazenave (de Bordeaux), Trousseau, and Lagneau have reported or observed cases of this kind; on the other hand, when the lesion is graver, when the disease penetrating more deeply, has reached the bones of the nose, so that caries has began, the smell of the caries is perceived; but it does not completely supersede the primary fœtidity. We think, then, with M. Trousseau, that even in these cases, the fœtidity depends on a defect of secretion, and shows itself independently of the variable local lesions with which it co-exists, in this sense at least, that these lesions do not produce it directly.

Now, having admitted that fœtidity results from a perversion arising in the secretions of the nasal mucus, must we also admit that this perversion depends constantly on a previous irritation of the olfactory mucous membrane? In other words, without a specific infection, or mechanical alteration, congenital or acquired, of the nasal cavity, is ozæna constantly, during its continuance, a chronic coryza? In the first chapter of the interesting paper that M. Cazenave has published upon ozæna, he touches incidentally this question. This is what he says with respect to it:—"The exploration of the nasal fossæ by ordinary means, is difficult; and it is nearly impossible, in the majority of cases to determine whether patients with an offensive odour proceeding from the nose, owe it to either a defect of conformation (many people with a broad flat nose are not afflicted with this disgusting infirmity), or to the prolonged retention of the nasal mucus in the sinuses and nasal passages, or to caries, or to *a vicious and constitutional secretion from the olfactory membrane*, having some analogy to the infective perspiration of the feet in some individuals, and the particular odour in negroes and in red-haired people. The difficulty of this exploration almost always sets the diagnosis and treatment at fault." We believe, for our part, that the doctrines of inflammation, irritation, and specific poison, which give very good reasons for the greatest number of cases of ozæna, do not include all, and observation shows a certain number in which fœtidity is really caused by *an abnormal and constitutionul secretion of the olfactory mucus.* Here is an example:—

Mademoiselle C. M., 14 years of age, of rather delicate constitution, until a year before menstruation commenced, had during several years under my eyes, symptoms of ozæna, to a very great degree. On looking back as far as I could for the origin of this grave infirmity, I remarked nothing to explain it. The nose, examined twenty times, as much in the interior as the exterior, gave me no sign of irritation of the olfactory mucous membrane. This membrane was more pallid than injected; it did not exhibit, at any of its visible points, the least thickening, and the most attentive examination did not lead me to discover any trace of ulceration. The secreted mucus apparently did not differ from that in any other individual; the quantity secreted was not considerable generally; sometimes it increased, but without any symptom showing that this transient supersecretion was related to a local irritation. By cleanliness, we diminished the fœtidity in a slight degree; but, notwithstanding several methods were tried, consisting especially of injections of different kinds, the disease continued obstinately. Although I assured the parents of the young girl that, in my opinion, before menstruation commenced, it was of no use trying other means, and that it was necessary to trust to nature for the disappearance of this infirmity, and only aid it by placing the child under a substantial regimen, and in favourable hygienic circumstances, they still thought it necessary to consult the elder M. Guersant, who confirmed my opinion, and advised injections with rhatany, salt baths, and the use, internally, of iodide of potassium, these means were employed with perseverence, and, we may say, without much success. However, Mademoiselle M. arrived at the period of menstruation; under the influence of this constitutional change, as it often happens when no lesion arrests the establishment of this function, the whole of the organism was uniformly strengthened. Mademoiselle M. increased in stature; more plastic blood produced firmer and better nourished flesh; her form, until then angular, became round; the complexion animated; the skin more healthy; and, at this period, the ozæna diminished, and disappeared entirely fifteen or eighteen months after this constitutional change.

Mr. Cazenave uses an instrument to explore the nasal anfractuosities, and to determine if any ulceration is to be met with which would explain the production of the fœtid odour. This instrument is a kind of smoolt hook, which he passes under the internal surface of the nostrils, and which is arrested by the edge of the ulceration, when it exists. We have not employed this instrument. We were convinced that when a lesion of this kind exists for a long time, it is impossible that it should not be manifested by some circumstance, which never occured in this case. Another reason was, that the patient had a blister in the arm, and that the liquid proceeding from it had exactly the same odour as that from the nasal fossæ; it was, in a manner, an ozæna of the arm. With this fact, we could not doubt that this malady was caused by a defect in the constitution, and had not its source in a local lesion.

The mother of the young girl is herself affected with the same infirmity. At the same time, there is between her and her daughter this difference, that the nose of the child is regularly formed, whilst the mother's is evidently flat. In the latter case, we cannot hesitate to explain the fœtidity by this bad conformation, which renders the passage of the mucus difficult, causes it to stagnate, and by that means exposes it to the contraction of a fœtid odour This explanation, however, can only be special; it must be allowed, that in many cases at least it could not apply. Thus, if flat-nosed people are met with thus affected, a great many more are found that are not so. This mechanical disposition alone is not sufficient to produce the result. I know that it may be said, that flat-nosed people who have ozæna, are at the same time subject to a more abundant secretion of the nasal mucus, and that if they are not affected with fœtidity they are just the reverse. That is an objection which presents itself, and which we have no wish to suppress; we are not in a condition to say if the observation explains or refutes our view of the case.

We must not confound ozæna with an unusual transient odour of the nasal mucus. Without coryza, either acute or chronic, there are individuals in whom the secretion of the olfactory membrane is increased or suppressed during a longer or shorter period. In the case of supersecretion, it sometimes happens that the mucus has an unusual odour. We know a young man, who, without any congestion in the Schneiderian membrane, blows, from time to time, thick mucosities from the nose, and exhales a very strong spermatic odour. A young girl presents this peculiarity, emitting from time to time, a fœtid odour from the nose, and without troubling herself at all, even with common cleanliness, this odour disappears. We have not yet remarked that there is any coincidence between menstruation and the production of this fœtid effluvium: that remains to be observed.

It is scarcely known, when we have not had occasion to verify it, to what extent a person affected with real ozæna infects the atmosphere in which she remains, even during a short space of time. M. Trousseau said that, having one day received into his library, for only a few minutes, a young girl affected with this infirmity, he was obliged to renew the air of his apartment. We know a poor child who cannot rest a quarter of an hour in a room without the inmates being excessively incommoded. We refer to these facts to show the necessity there is for the surgeon to remedy, if possible, this disgusting infirmity, which obliges those who are afflicted to sequestrate themselves. When the disease depends on a general state of the organism, it can only be palliated by topical remedies; it is to the entire organism that we must apply for its remedy; when, on the contrary, the disease is accompanied with local action, doubtless it is to the nitrate of silver we must have recourse. M. Cazenave has cited, with respect to this, cases which leave no doubt as to the efficacy of this medication. It is necessary to add, that in case of syphilitic complication, mercury and iodide of potassium, according to the circumstances of the case, become the remedy. But we must not forget that this disease, either organic or simply func-

tional, is, as respects those who are affected, a real infirmity, which can be at least remedied, even when it cannot be completely cured. This palliating method consists in extreme cleanliness. The patients ought to use, frequently, injections into the nose, or what is perhaps better, snuff up frequently pure water, or aromatic water, like distilled rose-water, or jasmine, &c.; they ought, at the same time, to avoid everything that can augment the nasal secretion, for it has been found that the more this secretion is abundant, the stronger is the odour of the ozæna. Sauvages prescribes, in such cases, the use of tobacco. This might perhaps answer in some cases, as a modifying agent, or substitute; but it is to be feared that more frequently in disguising the odour, the disease would be aggravated. These simple remedies are sufficient, in a certain number of cases, to enable those people, women especially, to return to society, who have been sequestrated on account of this unhappy disease. I have, says M. Lagneau, prescribed with success this slight treatment; and I very often see, in Paris, two women who are quite well after having followed my advice for the last twenty years. This author disputes the priority of this idea with M. Merat; but we must remark, that this simple method was long since pointed out by Sauvages. — *Nouvelle Encyclographie, August*, 1850, *page* 57, *from the Bulletin Général de Therapeutique, Juillet*, 1850.

LXXXII.—Necessity for the Study of the Causes of Diseases, *ex. gr.* Inflammations.—We shall never have faithful descriptions of inflammatory diseases, or unerring rules for their treatment, until we arrange them, not according to their mere outward, or the prominence of particular, symptoms, but according to the nature of their causes; for it is a truth that cannot be too strongly enforced, that it is the nature of the *cause* of an inflammatory disease, that mainly determines its course and character, and the influence of remedies over it.

To take, for example, inflammatory diseases of the knee-joint: if inflammation of the synovial membrane of the knee-joint be excited by a penetrating wound, and the consequent admission of air, it causes speedy suppuration, and generally destroys the joint. If it be occasioned by the presence of pus in the blood, it is attended with very little effusion and swelling, but, as in the former case, it leads to the formation of pus; and that so soon, and with such slight local symptoms, that pathologists have even inferred, that the pus, instead of being formed by a process of inflammation in the joint, is actually deposited there, ready made, from the blood.

If the inflammation be excited by the peculiar cause of rheumatism, it is attended with severe pain, and often with much effusion; but the fluid effused here is never purulent, and is almost always absorbed after some days, leaving the motions of the joint free, and its structure uninjured.

If the inflammation be gouty, it is attended with still more severe pain and greater effusion; but the fluid effused here differs in quality from the fluid effused in rheumatism, and when its aqueous part is absorbed, particles of lithate of soda are often left on the synovial membrane, and in the areolar tissue about the joint. These, perhaps by mechanical irritation, occasion fresh attacks of inflammation, which lead to fresh deposits of lithate of soda, and at length the joint is completely crippled.

If the inflammation be excited by the specific poison of gonorrhœa, it is attended, like gouty inflammation, with abundant effusion, which distends the synovial capsule, and causes great swelling. There is seldom much pain or fever, but the disease is very obstinate, the swelling, in spite of all the remedies we yet know of, often lasting weeks or months.

Thus we may have—to take the last two examples—to treat two cases of inflamed knee. The appearance of the joint is exactly alike in the two cases, and in both there is great swelling from fluid effused into the synovial capsule. We give colchicum in both: in one case the inflammation rapidly subsides under the remedy, and the effused fluid is quickly absorbed; in the other, the malady pursues its course as if nothing had been done. And why this difference? The parts that suffer are the same, and the changes, in outward appearance, exactly alike in the two cases. One might readily be mistaken for the other. The reason is simply this: the morbid changes are, in one case, the effect of the specific principle of gout; in the other that of the poison of gonorrhœa; and although they are alike in the two cases in those characters that most strike the eye—in the distension of vessels and the effusion of fluid—they differ in more essential particulars.

The instance here adduced is a simple one, but every department of pathology abounds with illustrations of the same truth; thus leading to the conviction that we can never foresee clearly the result of an inflammatory disease, or foretell the effect of our remedies on it, unless we have ascertained its cause, or know at least the particular characters of the diseases we have to treat, that renders the practice of medicine so uncertain.—*Dr. Budd on Diseases of the Liver.*

LXXXIII.—Treatment of Uterine Hæmorrhage during Labour, and after Parturition.—The placenta may adhere to any part of the inner surface of the uterus, to the fundus, body, or cervix, and hæmorrhage cannot take place to a dangerous extent during pregnancy, or labour, unless the connection of the placenta with the uterus has been destroyed.

It is from the great semilunar, valvular-like, venous openings in the lining membrane of the uterus, and of the arteries which are laid open by the separation of the placenta, that the flood alone flows in uterine hæmorrhage. All the different causes of flooding produce their effect, by mechanically separating the placenta from the part to which it is attached. The contractions of the uterus, and the formation of coagula of blood in the exposed vessels by the separation of the placenta, are the principal means employed by nature for the suppression of all the varieties of uterine hæmorrhage. Before delivery, the contractile powers of the uterus cannot be effectually exerted in closing the vessels; and the hæmorrage usually returns till the contents of the uterus are expelled or removed artificially. All the different means which are employed for checking the discharge in uterine hæmorrhage, either act by exciting the contractions of the uterus, or promoting the coagulation of the blood itself, within the exposed orifices of the vessels. Uterine hæmorrhage in the latter months of pregnancy, or during labour, is always accompanied by great danger; it does, or ought to excite alarm in all cases, whether it depends on presentation of the placenta, or its detachment from the upper part of the uterus. When flooding depends on the first of these causes, the practice universally adopted during the last two centuries, has been to deliver artifically, by turning, as soon as the os uteri is sufficiently dilatable to allow the hand to be introduced without the employment of much force. When the placenta does not present, the practice generally adopted since the time of Mauriceau, has been to rupture the membranes, and leave the child and placenta to be expelled by the natural contractions of the uterus.

When flooding takes place during the first stage of labour, the discharge usually ceases when the uterus contracts, and returns during the intervals of pains. Here the same practice of rupturing the membranes should immediately be had recourse to, but if the flooding should afterwards continue, and the pains become more and more feeble, delivery must be accomplished by the forceps, by craniotomy, or by turning, according to the peculiarities of the case, as described by Smellie. When a dangerous flooding takes place after the delivery of the child, and before the placenta has been expelled, strong pressure should immediately be made over the hypogastrium, to excite uterine contractions, and the placenta be removed. When hæmorrhage follows the natural expulsion of the placenta, or its removal from the uterus by art, there may be either a total want of uterine contraction, or the contractions may not be permanent, but be followed by relaxation, and the effusion of a large quantity of blood, which may either appear externally, or remain to become coagulated and distend the uterus. For several hours after delivery in some cases, this alternate relaxation and contraction goes on, to the great hazard of the patient. By far the most important remedies, and those on which I place the chief reliance in such attacks, are constant and powerful pressure over the uterus, and the application of water to the external parts, and the exhibition of stimulants, particularly wine and brandy. The abdomen should be strongly compressed with the binder, and folded napkins placed under it, and in addition the hands of an assistant should be applied over the fundus of the uterus. I have seldom found it necessary to introduce a plug of any kind into the vagina in these cases; but where there has been a draining of blood from the uterus, after the practice now described has been adopted, a large piece of sponge has been passed up, which has promoted the coagulation of the blood, and the contractions of the uterus. Perhaps on the whole, greater benefit has resulted from introducing smooth pieces of ice into the vagina. I am now convinced, from many cases, that the practice so often employed of passing the hand into the uterus, and pressing its inner surface with closed fist round and round, to excite it to contract, or to compress the bleeding vessels like a tourniquet, is not only ineffectual for the purpose in the worst cases of this kind of flooding, but that it is attended with mischievous consequences after the flooding has been suppressed. * * * * * * * * *

"The best method of preventing retention of the placenta, is to apply the binder immediately after the birth of the child, to make pressure with the hand over the fundus uteri at short in-

tervals, and slight traction upon the cord downward and backward in the direction of the hollow of the sacrum. By these means, the upper part of the uterus usually goes on contracting, till the placenta is detached and pressed down through the os uteri into the vagina. In all cases, whatever the cause of the retention may be, if the placenta at the end of an hour is not detached from the uterus and expelled, it should be withdrawn artificially. The difficulty of removing the whole or portions of the placenta adhering with more than natural firmness to the uterus, or retained by contraction of the cervix, is only increased by delaying to interfere after an hour has elapsed from the delivery of the child."—*Extracted from the Second Edition of Clinical Midwifery, by Dr. Robert Lee, F.R.C.P., London.*

LXXXIV.—Case of Fungoid Tumour Growing from the Os Uteri.—On Sunday, the 8th December, 1845, Thomas Porter, Esq., 32, Euston Square, called upon me and stated that he had a case of uterine hæmorrhage in the eighth month of pregnancy, and that he was afraid the placenta was presenting. Being in attendance on a lady in labour, I was unable to leave my patient, and Mr. Porter said there was no necessity for an immediate consultation, as the hæmorrhage had greatly abated. He returned after some time, and told me that, as it had wholly ceased, I need not see the case till he sent for me. Monday morning, at eleven o'clock, Mr. Porter sent to request me to go immediately to Howland-street, to Mrs. M. On examining, I found the vagina full of blood, and as I imagined, a portion of the placenta slightly protruding through the os uteri. I resolved to deliver immediately, by turning the child, and took off my coat, laid bare the arm and passed the hand slowly through the external parts into the vagina. To my astonishment, I then felt that it was not the placenta, but a great, soft, fungoid tumour, growing from the entire circumference of the os uteri, and that the cervix was in an indurated state. On the 11th, Dr. Merriman saw the case, and advised the membranes to be ruptured, but it was found impossible to introduce the stiletted catheter or any other instrument, through the diseased os and cervix uteri. The sound of the fœtal heart was not heard, and there was no positive proof that the fœtus was alive. "If you were sure of bringing the child alive," said Dr. Merriman, "I think you would be justified in performing the Cæsarian section, but not otherwise." On the 14th there was a great discharge ; vomiting took place, and she died in the afternoon, no attempt having been made by the uterus to expel the fœtus, which was found, on dissection, to be in a putrid state. The os and cervix uteri were both extensively disorganized by cancer.—*Ibid.*

LXXXV.—Case of softening of the Cervical Portion of the Spinal Cord. By Edward C. Seaton, M.D.—[The substance of the following communication was read before the Western Medical and Surgical Society of London, October 4, 1850.]—It is remarked by Dr. Graves, that "Inflammation of the Spinal Marrow is a disease so liable to be confounded with a great variety of painful affections, that every ascertained case of it ought to be recorded, for the purpose of rendering more perfect a department of pathology already diligently, but not completely, cultivated." Obeying the injunction laid down by this great authority, and believing that the following case is not without its points of special interest, I venture respectfully to submit it to the notice of the profession through the pages of the 'London Journal of Medicine,' in which so many valuable contributions to our knowledge of Diseases of the Nervous System have lately appeared.

Mr. H. W., æt. nearly 50, a man whose circumstances enabled him to command every comfort of life, consulted me on the 29th of July, 1848. He was a spare man and rather short, of very temperate habits, married, and the father of a large family. He had enjoyed good general health, though he came of a rheumatic stock, and had himself suffered occasionally from rheumatic pain. During the preceding year and a half or two years, he had noticed that his urine was frequently turbid, and he had had one or two attacks of gravel. The complaints for which he sought relief of me were stiffness in the arms and thighs, and excessive debility on undertaking any exertion, so that he was hardly capable of lifting anything, and could not work in his shop for half an hour without becoming tremulous and unable to continue his labour. He had frequent cramps in his legs, but no persistent pain anywhere. At all times irritable in temper, he had become latterly much more so. His appetite failed him of a morning, but not in the latter part of the day. He said that his digestion was good, his bowels regular, and his urine at present clear. His pulse was feeble.

At the end of a fortnight his condition was the same. I thought I noticed one day a tendency to droop in the left eyelid; but if this condition really existed, it must have been very transitory, for it was never afterwards observed. There was no difference as to sensation and power between the two sides of the body, and there were not then, as there were not indeed at any period throughout the case, any head symptoms.

He went into the country for a week, and his symptoms disappeared, but came back almost immediately on his return to town. The stiffness and debility, however, were now *confined* to the upper extremities (in which they had all along been most pronounced), and were felt chiefly of a morning when he *began* to work, or at any time when he *began* to take exertion, and he specially remarked to me that as soon as he got warm in walking, the stiffness went off, and he became comparatively strong, and that as soon as he got warm in his bed at night, there was absolutely nothing whatever the matter with him. A variety of treatment was tried with little or no impression; and on the 11th of September he again went into the country.

I next saw him on the 27th of November, when the pain and stiffness were increased in the upper arms, and had once more attacked the thighs. They were still influenced in the same manner by temperature. I had had some doubts, when I first saw him in July, as to the nature of the case with which I had to deal; but, after twice or thrice seeing him, I satisfied myself that the symptoms were more those of chronic rheumatism than of any other disease, and the treatment then had been adapted to this view of the case. Feeling now no reason for changing my diagnosis, I gave him again anti-rheumatic remedies, but of other kinds, which were continued till the 26th of December without any benefit, when he resorted, of his own accord, to cod-liver oil.

This was taken for two months, by which time (February 26th, 1849) his former symptoms were aggravated, and new ones superadded. The pain, stiffness, and powerlessness were greatly increased, both in the upper and lower extremities, but were still confined nearly entirely to the *upper* arms and *thighs*. In these, also, sensation was benumbed, and he said they felt to him as if stuffed out with straw. He had tripped many times of late, and fallen occasionally when walking, and he could not lift his feet far from the ground; *warmth, however, still relieved his pain and gave him power*. The cramp, of which he had all along had more or less, had been excessively troublesome to him lately. My original doubts as to the real nature of the case now returned with increased force; and I requested the opinion of Dr. Bright. We examined together with great care, as I had often done by myself before, the whole length of the spine, but found no tenderness whatsoever; neither did he refer to it any sensation of pain. But he informed us of this important fact (which he had not hitherto remembered, or had not thought of in connexion with this disorder), that about a fortnight previously to his first consulting me, he had fallen forwards on the deck of a steam-boat, alighting on the palms of his hands, the arms being stretched out, and that he had thus received a shake which he felt through his whole system. On a review of the entire case, Dr. Bright was inclined to regard it as probably one of chronic inflammation of the spinal cord, or its membranes, and recommended a succession of blisters down the spine, and the administration of bichloride of mercury.

This plan was pursued for a fortnight with no amendment, but rather increase of the symptoms: and it may serve as an illustration of the great difficulty of arriving at a satisfactory diagnosis of the case, that on a second careful examination at the end of that period, Dr. Bright considered it one of chronic rheumatism, and he mentioned to me a case in which the stiffness and the pain, and the powerlessness had been more pronounced, but which had eventually entirely recovered after anti-rheumatic treatment. He therefore recommended a return to remedies of this kind, and they were pursued steadily from 16th March to 24th April.

On this latter day, as he had made no progress, and his general appearance was anæmic, Dr. Bright recommended a trial of iron, and the mist. ferri comp. was administered in doses of ʒ vi. three times a day. He became more powerless and felt much worse after commencing this medicine; he suffered from a sensation of gnawing and sinking about the præcordia, and his hands became daily more useless and were invaded by cramp. His urine deposited lithate of ammonia in large quantity. The iron was therefore discontinued, and salines substituted.

During the next fortnight, though the urine became clear, and the sense of sinking disappeared, more and more ground was lost, and some symptoms appeared which left the seat of the disease no longer doubtful. A difficulty in getting out his words, and, on some occasions, a difficulty in masticating and swallowing, pointed to some affection of the upper portion of the spinal cord or of the roots of the nerves: and this was the diagnosis given by Dr. Watson, who was now consulted. It seemed more difficult to state

precisely what the nature of that affection was. There had never been, and was not, the smallest pain referible to the cord itself, nor tenderness of any portion of the spine. His leading symptoms had been all along those of diminished and not of increased action; his pulse was always very feeble, and his appearance throughout pale and anæmic. Dr. Watson thought that a tonic regimen was indicated, and gave him first nitro-muriatic acid, with tincture of lytta, and afterwards the sesquichloride of iron. He still got no better.

On the 23rd of June, he was seen by Dr. Pidduck. On now examining the spine, a spot was found very tender over the atlas vertebra, and our patient said that for some months past he had felt severe pain there whenever he lifted his head from the pillow suddenly or without support. But I think that his recollection as to the duration of this symptom must have been at fault; for he had so repeatedly been questioned about pain and always denied it. He experienced even now no pain or difficulty in rotating, flexing, or extending the head. Dr. Pidduck agreed in the opinion that there was an affection of the cord, but believed it to be of an inflammatory nature—the result of the injury received in the fall a week or two before the accession of the first symptoms. He recommended perfect rest, leeches to the tender part, and an alterative treatment.

The leeches were applied the next day, and that night, being the first night for many months, *he had no cramp*. On the 1st of July, four more leeches were applied, and he had next day less numbness and more power of his arms, so that he was able to lift his cup to his mouth without assistance, (this he had not been able to do before for a long while). After this, he had leeches on several times, with the general result of diminishing his nervous irritability, and perhaps alleviating the pain felt in his thighs and arms, but with no further benefit; and the weakness increased. This was his condition up to the 28th of July, after which, in consequence of his having removed to a considerable distance from my neighbourhood, I only saw him occasionally.

The remainder of the history is soon narrated. The amendment which leeches and the antiphlogistic regimen at first produced not having continued (except that the cramp never returned), he was induced to try galvanism. After this, by the advice of Mr. Lonsdale, he had a seton. I saw him on the 21st of December, much more helpless, having been confined to his room for two months: he was then about to try homœopathic treatment. His homœopathic attendant, unable to relieve him, soon transferred him to his brother, a spinal surgeon, by whom he was induced to leave his comfortable home and become an inmate of a spinal institution. Here, though he received from day to day the flattering assurance that he was improving, he became more and more hopelessly paralytic, and died from exhaustion on the 27th of February, 1850.

Post-mortem Examination. His body was removed home, and an examination made sixty hours after death (on March 2, 1850), by myself, in the presence of Mr. Derbyshire and Mr. Theophilus Taylor.

The body was emaciated. The head and spine only were examined. The surface of the cranium was very exsanguine; the skull was rather thick and firmly adherent to the dura mater. The pia mater was rather congested. The brain itself, cerebellum, and medulla oblongata, were quite healthy; the ventricles were empty. The arches of the vertebræ in the centre of the back (about the sixth and seventh dorsal) were a little softer than natural, the rest were of the usual firmness. The theca spinalis was distended with serous fluid; the arachnoid lining it was quite transparent. The spinal cord was not unusually vascular, but healthy apparently, except about two inches of its cervical portion, beginning not quite two inches below the pons Varolii. This was softened into a putrilage, without any appearance to the eye of nervous structure. Examined under the microscope immediately afterwards, by Mr. Clover, of University College, it was found to contain exudation corpuscles in moderate abundance, but no pus globules.

Remarks. The foregoing is one of a class of cases which are alluded to by Dr. Abercrombie,* as presenting instances of a remarkable modification of ramollissement of the cord; which were described more particularly by Dr. Darwell in 1830, under the designation of a peculiar species of paraplegia; and which formed the subject of a portion of the interesting Gulstonian Lectures delivered by Dr. Gull before the Royal College of Physicians in 1849, and were by him termed, not inaptly, cervical paraplegia.† There are many cases of this form of disease now on record. They agree generally in this, that it is in the superior extremities and adjacent organs that the symptoms first manifest themselves, the lower extremities being affected at a later period, or not at all; that the deltoid and muscles of the shoulder are those which suffer first; and that in a limb, the parts next the trunk are earlier and more completely paralytic than those more remote; the upper arm, for example, than the fore arm or hand; but their progress is by no means uniform; their duration and mode of termination are very uncertain, and their pathology is still a matter of doubt and obscurity.

The pathological explanation of them which is given by Dr. Abercrombie, is this: that they are dependent on disease of the cord analogous to a form of disease of the brain in which there was originally inflammatory action of a low chronic character seated in a small part of the cerebral substance. "This," he says, "may continue for a considerable time in a state of simple inflammation, and subside; or it may terminate in a permanent change in the structure of the parts, generally with some degree of induration, in which condition it is found when the patient dies of another disease, but if it is itself the fatal disorder, it seems to be so by passing either into ramollissement or into partial and unhealthy suppuration." "It is probable," he adds, "that the same character of disease takes place in the spinal cord; and it is found in the same manner sometimes in a state of ramollissement, sometimes in a state of induration, and sometimes one part is found indurated and another softened."*

A totally different view of these cases is presented by Dr. Gull. The disease is regarded by him as one not having its origin in the nervous centres at all, but in the periphery; "a primary affection," he says, "of the muscles," or an affection both of muscle, and of the nerve distributed to it; and he thinks that the disease spreads by travelling to adjacent muscles (and I presume in cases where ramollissement takes place, to the cord), through the neurilemma. The cases which he cites in illustration of this position are ten in number; five of which were recorded by Dr. Darwell, and five occurred under his own observation. With one exception, they were all due either to a strain, or a blow upon the particular muscle or muscles, or to rheumatism. None of them had been fatal, but several had not terminated at the period of the report. It had been already contended by Dr. Graves,† that ramollissement and structural degeneration of the spinal marrow might arise, especially in the gouty diathesis, from the extension of inflammation from the extremities of the nerves along the neurilemma. He asserts this generally, and not with special reference to cervical paraplegia; but one of the cases narrated by him resembled this disorder, in the arms being affected for two months before the lower extremities, differing from it, however, in so far as the affection began in the fingers, and extended up the arm.

The facts of the present case would seem, at first sight, to be not inconsistent with this view of the subject. My patient was of a rheumatic family, and had himself had, occasionally, rheumatism. The disease first made its appearance in the muscles which elevate the arms, and, excepting a transitory affection of a similar kind in the muscles of the thighs, was confined to them for nearly four months; the stiffness and want of power of which he complained, resembled rheumatism, by disappearing when the body was heated; and even when, at the end of six months, the affection had extended over the limbs generally, it so closely simulated this disease, that one of our most experienced physicians was unable to make a satisfactory diagnosis. In the view taken by Drs. Graves and Gull, the disease would all this time have been local; it would, about the period to which I have just referred, have invaded the spinal cord, by extension along the neurilemma, and would have caused that aggravation of existing symptoms and appearance of new ones, which took place about this time, but which did not, until nearly a twelvemonth afterwards, lead to a fatal termination.

But a closer examination of all the phenomena manifested, will, I think, show that a fuller and more accurate explanation of them is afforded by the older hypothesis. The commencement of the disease by the equal and simultaneous affection of both arms, coincident with an affection of exactly similar character in the thighs, appears to me to point to some central, or, at all events, some general and constitutional cause; and that this was not rheumatism, affecting a number of muscles at a time, seems probable; 1. From the powerlessness being out of all proportion greater than the stiffness and pain: 2. From the disease having originated, apparently, from the shock communicated to the whole

* On Diseases of the Brain, &c. Fourth Edition, p. 345.
† Lecture III. 'Medical Times,' vol. xix. p. 505.

* Op. cit., p. 348. Dr. Abercrombie offers this as a *general* explanation of chronic ramollissement, whether commencing in, or confined to, the upper extremities (cervical paraplegia), or commencing in the lower.
† Clinical Lectures, vol. i. p. 475.

system by a severe fall: and 3. From the existence, from the outset, along with the other symptoms, of one which was eventually proved to have been due, in this instance, to direct irritation, or inflammation of the spinal marrow; viz., cramp. I say eventually proved: for, having been one of the most constant, painful, and distressing symptoms throughout the whole course of the malady, and having resisted every remedy, and been scarcely alleviated by any, it at once yielded to the application of a few leeches over the inflamed portion of the spinal cord. Nor is it inconsistent with this view, that the symptoms, after three weeks duration, should cease, when my patient went into the country, and that, when he came back to town, they should return in the arms only, the thighs being no longer affected. I presume that, under the influence of rest, change of air, and freedom from excitement, the inflammatory, or congestive condition of the cord was spontaneously subsiding, and would probably have subsided altogether, had not premature exertion recalled it, and caused that, which was at first a diffused state of irritation, or congestion, to become localised as an inflammation in a particular portion of it.

Neither is it inconsistent with this explanation, that power should be restored to the muscles for a while, on excitement or the application of warmth, though it was this symptom, so common in one form of rheumatism, which tended more than any other to obscure the case. Moderate warmth is one of the most powerful excitants both of the muscular and nervous systems; and its influence in exalting the nervous energies, and elevating the vital powers, is referred to constantly by physiological writers.

In a case of ramollissement, recorded by my friend, Dr. Madden, in the 'London Journal of Medicine' for January, 1850, in which anæsthesia was the most prominent symptom, it was observed, that under the influence of a fit of excitement, followed by an attack of erysipelatous fever, the sensibility was greatly increased. "Was this," he pertinently asks, "due to the cerebral excitement? or might not the quickened circulation, in which the cord, in common with other organs, must have shared, have stimulated for a time its half-destroyed energies?"

And, lastly, it is no objection to this explanation, that so long a time should have elapsed before pain, or tenderness, of the spine came on. Little reliance is to be placed on these as signs of inflammation, or ramollissement of the cord. Of six cases occurring to Dr. Abercrombie, they were absent altogether in two, and there was pain only on pressure in one. And of eleven cases of inflammation, ramollissement, undefined suppuration, or abscess, to which he refers, they were absent, or not mentioned as being present in eight; and mentioned as present in only three. In my own case there was some evidence of an inflammatory state of the cord, in the remarkable aggravation of the symptoms caused by the administration of steel, for months before pain was complained of, or tenderness observed.

The conclusion to which I, therefore, incline is, that there was in this case, from the commencement, a state of low inflammatory action in a portion of the spinal cord, which, whether it did or did not pass through the series of changes presumed by Abercrombie, ended, at all events, in inflammatory softening. Whether this view be right or wrong, and whether the disease in question be central or peripheral in its origin, is obviously not a matter of mere pathological curiosity, but one of the deepest practical importance. By applying our remedies away from the real seat of the disorder, we are not only losing time, but are losing, probably, the only opportunity we have of effectually relieving; for when the series of changes, which we denominate softening, has once taken place, we know of no means whereby the nervous structure may be restored so its integrity.

I am far, however, from wishing to extend the conclusions I draw from my own case to *all* cases, or to say that cervical paraplegia *may* not have a peripheral origin. I assert only that such is not invariably, nor, I believe, very frequently the case, and that, therefore, it is not a correct statement of its pathology to say that it is a disease primarily of the muscular tissue. Of the five cases occurring under his own observation, which Dr. Gull has related in his Gulstonian Lectures, three had symptoms indicative, more or less, of disease of the nervous centres. In the first, there was, during the whole course of the case, pain in the head, which was stated to have been peculiar, and to have originated apparently in the upper part of the neck. In the second, there was weakness, though transitory, of the legs, and an equally transitory numbness in one side of the face. In the fourth, there was uneasiness low down the neck, on flexion or rotation of the head, and the patient was improving on a treatment, directed under the idea of disease of the spine, when he got an attack of rheumatic fever, after which his paralysis was so greatly relieved, that he was able to return to a very laborious occupation.—*London Journal of Medicine, November* 1850.

LXXXVI.—Spina Bifida—Spontaneous Rupture of Sac.—Complete Cure. By W. H. Nance, M. D., of Vermont, Ill.—The subject of the case in question was a young girl about 13 years old; her mother informed me that, at birth, the tumour was about the size of the "end of the thumb," and could be easily pressed into the spinal canal. The tumour was situate at the juncture of the lumbar vertebræ with the sacrum, and, at the time I saw it, was as large or larger than a quart measure. It was an oblong oval shape, had a neck an inch and a half or two inches in diameter, and made a prominence quite perceivable through all her clothing. The mother informed me that she had consulted (in the State of Ohio) several eminent physicans, when the child was small, and all advised her to have nothing done for it, as the child would not live long, and that anything that might be done would only hasten death. The child, however, continued to grow, was rather delicate, but had the proper use of all her limbs, the tumour increasing in size with her growth, until she was thirteen years old.

In February, 1848, almost all the family were afflicted with measles, and among the rest was the girl in question; she had it pretty severely, and the eruption was profuse all over her body. About the time the eruption began to decline and desquamation came on, the pendent point of the tumour began to get sore, and turn of a darkish colour, brought about, doubtless, by the exanthematous eruption acting on the part in its low state of vitality. The skin soon began to slough, and as soon as that took place, the water found its way through the textures beneath, and dribbled away continually. At this period, I was first called to the case, and found the tumour, as above stated, exquisitely tender to the touch, and constantly discharging a straw-coloured water which percolated the remaining textures of the tumour, and came away in enormous quantities, so much so that her bedding had to be changed very often. Sheets, blankets, &c., that were laid about her, would soon have to be removed for new ones, being thoroughly wet with the water. When placed in an erect posture for a short time, the liquid would pass away in quick successive drops. It would be hard to compute the amount which passed off in the course of five or six days, but it was perhaps without parallel. I found the patient very weak; muscles shrunken; extremities cool and of a purplish cast; pulse quick, weak, and fluttering; countenance dull, and expressive of much suffering, with a partial loss of the use of the inferior extremities. These symptoms were dependent, doubtless, on the great loss of the fluids of the body, through a morbidly increased action of the serous membrane lining the spinal canal, and produced a condition somewhat analogous to that caused by hæmorrhage, or like that from the excessive serous discharges in epidemic cholera. The symptoms strongly indicated speedy dissolution; I had but little expectation of saving the patient. I ordered her to take strong brandy in large doses, often repeated, until the skin became warmer and the pulse raised, unless it produced signs of intoxication; gave astringents also from time to time; had the extremities rubbed frequently, and wrapped in warm clothes, and applied a soothing poultice to the painful tumour. I knew that the tumour would burst soon, and as nature had commenced the operation, I concluded to support the system and let her do her work. On my next visit (the following day, I believe), I found the sac empty, its walls all collapsed into folds, hanging loosely down; in an effort to cough, it had given way and the contents had gushed out. General symptoms much as they were on the previous visit; discharge pretty considerable, perhaps a little abated; folds of sac very painful, look dark and inclined to gangrene at the inferior part, and emit a very offensive odour. Internal remedies to be continued with as much nourishing food as the patient will eat; bowels to be moved with castor oil if needed. Cloths were applied to the tumour wet with the liquid chloride of soda as strong as can be borne, to be repeated so as to keep the part entirely wet. On my next visit, I found the patien- better, surface of body and limbs warmer and better colour, dist charge from tumour less in quantity; offensive smell much abated, the dead parts sloughed off, and the living taking on a more healthy action.

My patient after this continued to mend. The discharge daily grew less in quantity and thicker in consistence, until it finally became purulent, and after a time ceased altogether. The remains of the sac gradually contracted, and was, I suppose, absorbed in part until a hard semi-cartilaginous lump is left but little larger than a hulled walnut, which is not at all in the way, and serves the valuable purpose of completely protecting the spinal canal in the part where the deficiency of bone first produced the disease.

It has now been more than two years since the occurrence. The girl has grown to be a woman in size, has the proper use of all her limbs without any weakness of the back, has excellent

health, and a fine ruddy complexion, and bids as fair for a long and happy life as other young persons.—*American Journal of Medical Sciences.*

LXXXVII.—Spontaneous Expulsion of a Large Urinary Calculus in a Female. By M. Briault.—A woman, aged 50, for a long time affected with ovarian dropsy, complained to her physician of difficulty in making water, which he naturally referred to the presence of the hypogastric tumour. In consequence of the continuance of the complaint, M. Briault was led to make an examination of the parts. The catheter was introduced with difficulty, and caused pain, but no suspicion was roused of the existence of a calculus in the bladder. On examining per vaginam, a tumour was felt through its anterior wall, resembling, in some respects, the enlarged prostate felt in the same situation in the male.

M. Briault saw her on the following day and repeated his examination, when the patient informed him that she had passed the greater part of the night in acute pain, accompanied with expulsive efforts, like labour pains. These efforts ended in the expulsion of a large calculus. On again examining, M. Briault discovered the urethra in a state so distended, as easily to admit his finger, and allow of the examination of the vesical walls. The urine was bloody, and passed involuntarily, but these symptoms disappeared in a few days. The calculus weighed somewhat more than an ounce; it was two inches long, and nearly three inches in circumference.—*L'Union Medicale, September 28th*, 1850.

LXXXVIII.—Comparative expediency of Lithotomy and Lithotrity, with reference to the use of Chloroform. By James Syme, Esq., Professor of Clinical Surgery in the University of Edinburgh.—In the comparisons hitherto instituted between lithotomy and lithotrity, there have been urged against the former operation the pain attending, and the danger directly following its performance; while to the latter have been objected its uncertainty of effect, and the consequently frequent occasion for its repetition, with the risk thus incurred of irritating the bladder, so as to excite a train of symptoms more serious than those of the stone itself. The introduction of chloroform has afforded the means of obviating the first objection to lithotomy; and if this can be done without any counterbalancing evil, the grounds of question will be so much altered as to require serious reconsideration.

Loss of appetite and acceleration of the pulse are most unpleasant indications of the patient's state after lithotomy; and as these are very usual effects of chloroform, there was naturally a reluctance to give an operation so important even the appearance of going wrong. For my own part, though early induced to afford children the benefit of immunity from pain thus obtained, as they seldom suffer any serious effects from the operation, I have only lately ventured to treat adults in the same way; but am now so satisfied with the safety and advantage of doing so, that I shall certainly have no scruple for the future.

The first case of lithotomy in which I used chloroform was that of a boy, whom I cut in the North London Hospital during my incumbency at University College. For several days after the operation he suffered great derangement of the digestive organs, but made a good recovery. These disagreeable symptoms may have been owing to some fault of the chloroform, which had been recently introduced, and was then manufactured in London of very indifferent quality. But the following case, which occurred soon after my return to Edinburgh, is calculated to excite a doubt as to this explanation. A young gentleman, who came a distance of no less than 12,000 miles, suffering from symptoms of stone, had a pretty large one removed, with perfect facility, in a state of profound sleep, and went on so well for a fortnight, that I had almost ceased to regard him as a patient, when one evening I was suddenly informed that he appeared to be dying, and accordingly found him with cold extremities, a hardly perceptible pulse, and other signs of the most alarming character. Under the use of stimulants, reaction soon took place, and then, although considerable derangement of the digestive organs continued for several days, the healing process went on favourably to the most satisfactory completion. Now, if this attack had occurred within a day or two after the operation, it would of course have been ascribed to the chloroform, with which it certainly could have had no connection. On the 27th of March last I operated upon a boy of thirteen in the hospital, and extracted a mulberry calculus thickly incrusted with the triple phosphate. Everything proceeded favourably until the third week, when the wound was nearly healed. He then all at once lost appetite and strength, became greatly emaciated, and seemed as if about to sink; but after a time gradually recovered, and was dismissed quite well on the 13th of July. This illness, also, if it had commenced soon after the operation, would doubtless have been ascribed to the chloroform, instead of being, as I believe, merely an attack of influenza, from which many of the patients were at the same time suffering.

The first adult on whom I operated, with the assistance of chloroform, was a man of twenty-nine, whose case presented some remarkable features. He had been discharged from military service as labouring under an incurable stricture of the urethra, which subsequently resisted the efforts of various surgeons, in civil practice, to afford relief, and ultimately not only rendered him unfit for any employment, but threatened to prove fatal through the incessant and exhausting distress it occasioned. For the last twelve months of this miserable existence, he had, according to his own account, introduced a bougie into the bladder once a-week without affording any improvement. Upon examination, I found that a catheter, though of small size, met with resistance at the neck of the bladder, and that when pushed beyond this, as it appeared, into the cavity, it did not draw off any water. Although there was no discharge of blood, or other sign that the instrument had taken a wrong direction, I concluded, after several trials of this kind, that there was a long-established false passage, and that the symptoms depended upon some cause different from stricture, which never occurs at or beyond the prostatic region of the canal. I therefore searched for the true inlet, and before long found it going off from the side of the other, with the further result of detecting a large stone in the bladder. On the 3rd of May last I extracted the concretion, which weighed nearly four ounces, and consisted of three distinct portions—there being a nucleus of mulberry calculus, then an incrustation of lithates, and externally a thick coat of phosphatic salts. It was obviously of very old standing, and unquestionably the source of all his distressing symptoms, except in so far as they proceeded from the injury done to the urethra in attempting to remedy a stricture which had probably never existed. He recovered completely, and remains well.

Soon after the case just related, I operated in private upon a respectable citizen of Edinburgh, seventy-four years of age, who, although not of tall stature, was so developed in his muscular and adipose textures as to weigh within a trifle of eighteen stone. To give the reader an idea of the process as conducted under the new system, I may describe what took place upon this occasion. On the morning of the day fixed for the operation, I found the patient lying in bed with a smiling countenance, indicative of tranquillity and confidence, without any apprehension of danger or anticipation of suffering. I poured some chloroform upon a handkerchief, and allowed him to inhale the vapour gradually, so as to avoid any unpleasant sensation. In little more than a minute he was sound asleep. My assistants then came into the room and made the necessary preparations. The patient was taken out of bed, placed upon a table, and tied up as usual. I then extracted the stone, which weighed nearly two ounces, without any difficulty or delay, notwithstanding an uncommon thickness of perineum, secured a tube in the wound, and conveyed the old gentleman to his bed, where he, after a while, awoke with the same smiling aspect as before the operation, of which he was, of course, entirely unconscious. He recovered completely, and is now in good health.

On the 21st of August I cut, in the hospital, W. R., aged 76, from Aberdeen; and on the 25th of September, G. L., aged 66, with the same satisfactory result; so that I think chloroform may be used without any apprehension of bad consequences, even at the most advanced period of life. In so far, therefore, as the objection of pain is concerned, lithotomy comes to be on an equality with lithotrity, or rather preferable to it, since the crushing of a stone, however carefully and skilfully conducted, can hardly be accomplished without some uneasy sensations, which could not prudently be prevented through the use of chloroform, as the patient's feelings constitute a most important guide for the surgeon's proceedings. It is true that we read of lithotriptic operations performed under the influence of chloroform, but in such cases we also read of the appearances found on examining the patient's body after death, which tend to confirm, with the authority of experience, the objections to this procedure. But to simplify the question, we may put the pain attending lithotrity out of view, and proceed to consider the relative degrees of danger which attend that mode of treatment and lithotomy.

In estimating the danger of lithotomy, it has been customary to take the average number of deaths compared with that of operations. But this method of inquiry seems little calculated to afford any secure ground of judgment. Some surgeons operate with great success, others with frequent failure; and after a long train

of recoveries, it is not unusual to meet with many reverses. Mr. Liston cut for stone with remarkable dexterity and success, but I have seen him operate with a fatal result twice in the same day. This uncertainty of issue cannot be owing to chance, and must admit of reference to circumstances which, if known, might be established as the objects of pursuit or avoidance. When the safety of lithotomy in general is considered, it plainly appears that the fatal issue must be owing to fault in the principle of operating, error in the mode of execution, or an improper state of the patient. I believe that lithotomy, like ligature of the femoral artery, admits of being so perfected and reduced to principles of execution so precise as to render its performance, in proper cases, nearly, if not entirely, free from danger; and if this be the case, it is surely unwise to rest satisfied with attaining average success, or to use the amount of this as an argument for adopting less efficient means of relief.

If the stone is of extreme bulk, the prostate greatly enlarged, or the coats of the bladder seriously diseased, no degree of care or skill on the part of the surgeon may be sufficient for effecting extraction with safety; but in all such cases, lithotrity would be, if possible, still less practicable with advantage, so that they may be excluded from consideration in comparing the expediency of the crushing and cutting processes. If these hopeless cases, in which interference of any kind seems forbidden by prudence, were struck off the lists from which an raveage rate of mortality from lithotomy has been calculated, the risk of this operation would appear greatly diminished.

The crushing of stones in the bladder has been greatly improved, since its introduction into practice, by the construction of instruments better suited for accomplishing the object of their employment with safety and efficiency, than those originally contrived for the purpose; and also by the knowledge acquired through experience of various circumstances requiring attention in conducting the manipulations. But still the process cannot be regarded as either safe or certain, and its nature precludes the possibility of any approach in this respect to the cutting operation. The various size, number, and consistence of stones, so much modify the operation of instruments and the escape of fragments, —a prolonged treatment necessarily exposes the patient to so many sources of local irritation and constitutional disturbance,— and the surgeon, in frequently employing his apparatus, is so apt to cause abrasion of the mucous surface, productive of the most serious consequences, that, unless where the concretion is very small, there must always be a considerable risk of untoward occurrences. Thus a man, aged 50, on whom I operated in the hospital last spring, after a stone, the size of a pigeon's egg, had been comminuted and brought nearly all way, by repeated use of the crushing apparatus, without any bad effect, went home to the distance of twelve miles from town, and then finding some uneasiness came in again, had a fragment extracted, and returned the following day without the slightest inconvenience; but some time afterwards, having made another journey to Edinburgh with a similar view, went home the same day, was exposed to cold in crossing the Forth at Queensferry, and then walked two miles in the rain. He had now at length got completely free of the concretion, but in consequence of this imprudence, was confined for several weeks by a smart inflammation of the testicle.

In the course of several years past, I have been occasionally consulted with regard to the case of a gentleman who had a stone crushed in London with great success, as was generally understood and believed,—the fact being, that in consequence of the last introduction of an instrument, the patient suffered an attack of local and general disturbance, so severe, that he received no fewer than a hundred visits from his surgeon, and has ever since endured the most distressing annoyance from urinary irritation. I was not long ago consulted by another gentleman, who had undergone the same process, and ever afterwards been searching in vain for relief. The bladder was found by a surgeon in London—not the one who had operated—to be in the condition of a neglected chamber utensil, being lined with deposits from the urine, so as to require washing out with acid injections. Now, in both of these cases, I know, from the examinations which I made previously to any operation being performed, that the patients were in good health, that their prostates were perfectly sound, and that the stones were of a size which would have rendered their extraction equally easy and safe.

On the whole, then, I think it may be fairly concluded, that, unless where the concretion is so small that it may be readily crushed and speedily expelled, the preferable method of affording relief from stone in the bladder will be lithotomy performed under the influence of chloroform. The principles of its safe execution may be shortly stated, as a free external excision, careful division of the muscles, avoidance of the anterior and lateral portions of the membranous part of the urethra, where the artery of the bulb is exposed to danger, cutting through the left lobe of the prostate, and running the knife fairly through into the bladder, so as to divide the ring at the neck, which yields little to stretching, and *cannot be torn without certain death.* In order to ensure the completion of this last-mentioned step, which in adults used to be beyond the guidance of sight or touch, I some time ago recommended that it should be effected in them by means of a straight staff, and knife so fashioned as to attain the object with certainty. But I find that when the patient is rendered unconscious of the operation, the parts concerned being no longer drawn up by spasmodic action of the *levator ani*, the prostate is so much more within reach, that the finger may always serve as a guide for the knife in that most critical of all incisions, which is required at the neck of the bladder.—*Monthly Journal.*

LXXXIX.—Secondary Uterine Hæmorrhage on the Thirteenth Day after Delivery. By Dr. Fergusson.—The patient was twenty-four years of age, and had never borne children. Her labour was comparatively an easy one of fifteen hours' duration, and no unusual symptoms presented themselves during her convalescence till the day above mentioned. For three or four days previous she had left her bed during a good portion of the day, and as the presence of the binder was unpleasant to her, she had removed it without my direction or knowledge. On the morning of the thirteenth day I was suddenly called to see her, and found her very much prostrated from loss of blood. I learned from her that during three hours blood had been escaping from the vagina, but she had avoided communicating the fact to any one, in the hope that the hæmorrhage would cease spontaneously. The exact quantity of blood could not be accurately ascertained. All the clothing in the immediate neighbourhood of the nates was saturated with blood, and large clots were lying below the vulva, from which I judged that the quantity lost was not far from two pints and a half. The discharge had continued to increase since its commencement, and when I saw her it was still escaping quite rapidly. Her countenance was pale and anxious, and her pulse at the wrist exceedingly weak and frequent, it being one hundred and ten per minute. Upon examination, over the hypogastric region, the uterus was distinctly felt considerably larger and softer than is usual at this period, a circumstance which I attributed partially to the early removal of the binder, and partially to the probable existence of an internal hæmorrhage previous to the discharge of blood from the vagina. Upon introducing a finger into the vagina, I found a clot lying in its cavity, and the os uteri sufficiently dilated to admit its extremity for a short distance. I immediately ordered a cold douche, followed by the application of a bladder of ice over the lower part of the abdomen; administered ʒi. of the saturated tinct. of ergot, and enjoined absolute quiet in the recumbent position, and cold drinks. The effect of these agents was to produce a moderate contraction of the uterus, though the discharge of blood was not very materially diminished. I now made a re-application of the binder, with a thick compress over the region of the uterus, as firmly as could be borne by the patient, and ordered the administration every second hour of the following pill:—

℞. Pulv. Secal. Cornut., gr. iij.
Plumbi Acetatis, gr. ij.
Pulv. Opii, gr. ¼.
Muc. Gum. Acac. q. s. Fiat pilula.

Under this treatment she gradually improved; but as the hæmorrhage still continued, though in smaller quantities, on the morning of the second day, I asked Dr. Thomas F. Cock, one of the attending physicians of the asylum, to see the case with me, who recommended a continuation of the treatment which I adopted. In the evening, the bowels having been constipated for three days, and being unwilling to administer a cathartic in her present condition, I ordered an injection of cold water into the rectum, in order to effect the double object of an evacuation of the contents of the bowels, and, probably, aiding the uterus in its contraction. From this time, the intervals between the administration of the pills being gradually lengthened, the discharge steadily diminished, and on the evening of the third day entirely ceased. Nourishing diet was allowed the patient, her convalescence was speedy, and without an untoward symptom, and she was discharged from the asylum in good health.

The occurrence of hæmorrhage from the uterus several days after delivery is so unusual, and so little has been written concerning it, that I have considered this case worthy of particular description. I have examined several statistical tables with reference to this subject, and I have not been able to find any case

in which hæmorrhage occurred at so late a period. Among 16,654 cases of delivery in the Dublin Lying-in Hospital, reported by Dr. Collins, there were but 43 cases in which uterine hæmorrhage occurred subsequent to the expulsion of the placenta. In 40, the discharge took place within twelve hours; in 1, on the fourth day; in 1, on the fifth; and in another, on the tenth day. Drs. M'Clintock and Hardy report 6,634 cases of delivery in the same hospital. Twenty-five cases of secondary hæmorrhage were recorded, 1 of which occurred on the seventh day. There was also reported from this asylum, by Dr. Stimson, in the 'New York Annalist,' of October 1st, 1847, the case of a patient in whom hæmorrhage took place on the tenth day, subsequent to parturition.

Various causes have been assigned for the occurrence of this accident; but in this instance I think the hæmorrhage is fairly attributable to the early removal of the binder, accompanied by premature exertion on the part of the patient, causing great excitement of the circulation.—*New York Journal of Medicine, September*, 1850; *Monthly Journal, November*, 1850.

MEDICAL NEWS.

Health of London during the week.—The mortality of London, during recent weeks, has undergone unusual fluctuations. The deaths registered in the four weeks of November were successively 921, 908, 1016, 861; in the week ending last Saturday they rose again to 1004. In the ten weeks, corresponding to last, of the years 1840-9, the average was 1128; but this number is much increased by the influenza, which prevailed towards the end of 1847, when, in a single week, the deaths amounted to 2454. As compared with the previous week (ending November 30th) the present return shows an increase both in the epidemic class of diseases, and in affections of the respiratory organs, the deaths from the former rising from 196 to 229, and those from the latter class (exclusive of phthisis), which were 160, being now 208. Amongst epidemics, small-pox is remarkable for a suddenly augmented rate of mortality; after increasing by small degrees till it numbered 14 deaths, the present return shows that it was fatal last week in 27 cases, two of which occurred to persons above 15 years of age. The sub-district of Christchurch, Marylebone, has been already noticed as a locality in which the complaint was rife, and where six deaths from it had occurred in a week. The same Registrar now reports four deaths from small-pox, all, like the six others, in Lisson Grove, one of which happened to a girl aged 16 years, and another to a female servant, aged 29; the latter case being described in the medical certificate as "variola, after vaccination at six years of age (no mark left on the arm)." Hooping-cough also has become more fatal; it carried off 33 children in the previous week, and 50 in the last, three-fourths of whom had not completed their second year. Influenza was fatal to three persons of advanced age. Diarrhœa and dysentery number 25; typhus, which among epidemics presses with more equal severity on old and young, numbers 43 cases. A medical man, who attended a fatal case of typhus in Wink's-buildings, Chelsea, describes the place as "pestilential in the extreme," and adds that, "six other cases of fever have occurred in the same house."

Amongst diseases of the lungs, the weekly mortality by bronchitis has risen within the last fortnight from 64 deaths to 88; by pneumonia from 67 to 86; and by consumption from 96 to 113.

Among the deaths of the week were registered one from intemperance and two from privation. A labourer, aged 48 years, died of "exhaustion from excessive drinking, and abstaining from all kinds of solid food;" and a cap-maker, aged 47, was, according to the verdict of the coroner's jury, starved "by not allowing himself sufficient necessaries, in consequence of eccentricity of character and habits."

The births of 789 boys and 769 girls, in all 1,558 children, were registered in the week. The average of five corresponding weeks in 1845-9 was 1,337.

At the Royal Observatory, Greenwich, the barometer was unusually high. The mean daily reading was above 30 in. on every day except Wednesday, when it was 29·982 in.; on Friday, the mean was 30·290; and the mean of the week was 30·146. The mean temperature was below the average of the same days in seven years, on the first three days of the week, and above it during the remainder. On Sunday the mean temperature was 36·9°, or 6·4° below the average; on Thursday it was 50·1°, or 9·6° above the average, changes which seem to operate unfavourably on the public health. The mean temperature of the week was 42·6°. The wind was generally in the south-east.

The following selections are made from the Registrars' Reports:

In Chelsea, south sub-district, at 6, Wink's-buildings, on 3rd December, a newsvender, aged 58 years, died of "typhus (1 week)." This locality (says Mr. Long) is described in the medical man's report as pestilential in the extreme. Six other cases of fever have occurred in the same house.

In Somers-town sub-district, at 8, James-street, on 7th December, the son of a general dealer, aged 3 years, died of "rubeola; typhus (5 weeks)." Mr. Matthews reports that "the drainage is stated to be bad, with very offensive smells."

In Camden-town sub-district, at 19, Hertford-street, on 29th November, the son of a labourer, aged 6 years, died of "small-pox, confluent (13 days), pneumonia (4 days); vaccinated." "The neighbourhood," says Mr. Holl, "is poor and crowded; and the deceased is supposed to have caught the disorder from a neighbour's child." Also at 32, Bayham-street, on 3rd December, the widow of a baker, aged 53 years, died of "phthisis pulmonalis." "The street is unpaved, uncleansed, and in all respects unhealthy in the winter. The want of efficient drainage is much complained of."

Islington East sub-district. Mr. Butterfield states that "bronchitis and pneumonia are very prevalent in all parts of his district."

In Strand, at 17, Clements-lane, on 2nd December, the daughter of a clerk, aged 6 years, died of "variola (10 days); not vaccinated." Mr. Jones remarks that "this lane is inhabited by poor, dissipated, dirty people, and others in reduced circumstances, who are very neglectful of their children."

In Holborn district, St. Andrew's Eastern, at 7 Pool's-place, Mount Pleasant, on 1st December, the son of a labourer, aged 3 years, died of "pertussis (3 weeks), bronchitis (1 week)." "Pool's-place," says Mr. Holmes, "is very close and confined, containing 14 or 15 houses, occupied by very poor families. The drainage is bad, although near the main sewer. In the medical certificate it is stated that the cellar in which the child died, is cold and damp, one of those places which, notwithstanding recent legislation, are still crowded by poor persons." Another child of the same family died five days afterwards of "bronchitis." A child died also at 5, Pool's-place, of "hooping-cough."

The following occurred in St. Margaret Westminster.—

The wife of a labourer, aged 18 years, "poisoned by eating muscles; convulsions, insensibility—artificial delivery of living child, 2 days before death (3 days)." (*Post Mort.*)

OBITUARY.

On the 26th of September, on board the 'Atlantic,' James Guthrie, M.D., Assistant Colonial Surgeon, and formerly Assistant Physician to the Royal Edinburgh Asylum, aged 34.

On the 6th instant, at his residence, 36, Paternoster-row, John Goss, Esq., Surgeon, in his 52nd year.

At Stony Stratford, J. H. Lewis, Esq., Surgeon in that place.

On the 10th instant, at 63, Hoxton Old Town, George Thomas Heath, M.D., aged 67.

NOTICES TO CORRESPONDENTS.

Zeta—Your case is not peculiar; unfortunately there are too many in a similar position. In the ensuing session of Parliament, however, no doubt something will be done.

Dr. B. is informed that Markwick's Patent Respirator is a very clever inexpensive apparatus. It consists of a pad composed of some absorbent material, covered on the inner surface with fine gauze, and on the outer with black satin; an elastic silk cord passed round the head, confines it to its proper position.

We regret we are compelled to postpone the insertion of several valuable papers, until future numbers.

Henry Nazer, of Windescombe, is thanked for his suggestions.

Communications have been received from:—

Duncan Sinclair, Esq., Halstead.
T. Herbert Barker, Esq., M.D., Bedford.
Dr. Forbes Winslowe.
Theophilus Probe, Esq.
Jacob Ellery, Esq., Crawley.
Richard Balchin, Godalming.
William Collyns, Kenton.
Charles Smith, Highworth.
Jno. S. Snook, Colyton.
E. V. Gorham, Aldeburgh.
P. Williams, Well-street, Holywell.

THE FIRST NUMBER OF THE SECOND VOLUME OF THE NEW WEEKLY MEDICAL JOURNAL,

ENTITLED

THE INSTITUTE,

Will be Published on Saturday, January 4th, 1851.

It is the intention of the Proprietors of 'The Institute' to form Two Volumes annually. For the convenience of Subscribers, they will therefore consider it advisable to bind up into a Volume all the Numbers of the Journal which shall have been issued at the close of the present year, and to commence the new year with another Volume, in which it is anticipated there will be many new features.

Although 'The Institute' Journal can barely date a three months' existence, there will be found in its pages a vast amount of matter bearing upon practical subjects. Independently of the Original Communications and Editorial Articles, valuable information has been furnished to the practical man under the separate headings, "Philosophical Gazette," and "Compendium of Medical Science." Much of this has been translated from the best German and French authorities; some portions have been extracted from the American Journals and the remainder from the best writers on Medical subjects in our own country. The selections have been made chiefly with a view to their practical bearing on Medicine and Surgery, and their utility to men fulfilling the arduous duties of General Practice. The following is a Synopsis of Contents of the Numbers at present issued:—

LECTURES.

Lectures on the Absurdity and Barbarity of the distinction between Medicine and Surgery, by William Lawrence, Esq., Member of the Council of the Royal College of Surgeons. Lectures on the German Mineral Waters, delivered at the Hunterian School of Medicine, by Sigismund Sutro, M.D., Senior Physician to the German Hospital.

ORIGINAL COMMUNICATIONS.

Medical Guide to the Principal Spas of Germany, by Dr. Sutro. On Hereditary Tendencies, by P. C. Lord, Esq. On Pauper Medical Practice. Case of Compound Fracture, by Dr. Webster. Case of Fractured Cranium, by Dr. Bedingfield. Extraordinary Obstetric Case, by Dr. Jones. Case of an Acephalous Child, communicated by George James Squibb, Esq. A Case of Tuberculosis, with Tubercles in the Lungs, Intestines, and Mesentery, without Hectic Fever, by Henry Ancell, Esq. On a new mode of producing Electricity, by Dr. Sutro. Viability of the Fœtus. Remarkable Case by John Greening, Esq. Case of Dislocation of the Head of the Humerus upon the Dorsum of the Scapula, by R. Dunn, Esq. The Treatment of Ovarian Dropsy, from a Contributor. Illustrations of Pauper Practice. Medical Guide to the Principal German Spas, by Dr. Sutro. Remarkable Case of Catalepsy, by Peter Hood, Esq., M.R.C.S. Medical Ethics; or the Duties and Qualifications of Medical Men, by George James Squibb, Esq. Difference between the Fibrine of Muscle and that of the Blood. Dr. Rademacher's Treatment of Dysentery, by Dr. D'Alquen. Case of Fracture of the Skull from the Bursting of a Gun, by William Collyns, Esq. Successful Treatment of an extensive Nævus, by the Actual Cautery, by Thomas Warner, Esq. Case of Encysted Ovarian Dropsy—Hydatids, by a General Practitioner. Leaves from the Diary of a Parish Doctor.—No. III.—By Theophilus Probe, Esq. On Cases of Fatal Blow on the Pit of the Stomach, by Peter J. Martin, Esq. Cases in General Practice, by G. Webster, Esq., M.D., M.R.C.S., Ed. On Diphtheritis and Ulcerated Sore Throat, involving the Larynx. Medical Archæology, by George James Squibb, Esq. Dr. Bedingfield's Cases of Fracture of the Cranium, continued. On the Efficacy of Large Doses of Opium in Retention of Urine from Spasmodic Stricture, by J. Bowling, Esq., M.R.C.S. Case of Fatal Jaundice produced by Cod-liver Oil, by R. Craven, Esq. Medical Guide to the Principal German Spas, by Sigismund Sutro, M.D. Case of Congenital Malformation, by H. J. Swann, Esq. Small Doses of Medicine not Homœopathic Doses. The Homœopathic Quackery, by Thomas H. Smith, Esq. Cases in General Practice.—On Diphtheritis and Ulcerated Sore Throat, involving the Larynx—No. II—By George Webster, Esq., M.D., M.R.C.S. Ed. On Kaladana, a Neglected but Excellent Purgative, by John Gardner, Esq., M.D., F.C.S., &c. On the Use of Hot Arm Baths in the Treatment of Croup, with a few Remarks on the General Treatment, by Dr. D'Alquen. Leaves from the Diary of a Parish Doctor—No. IV.—The New Regime, By Theophilus Probe, Esq. Medical Archæology.—No. II.—By George James Squibb, Esq. On Placenta Prævia, by Robert Dunn, Esq. Leaves from the Diary of a Parish Doctor.—No. V.—The New Regime, by Theophilus Probe, Esq. Cases in General Practice; illustrative of Principle III. of 'The Institute.' On Mutilations of the Fœtus in Utero. A Novel and Simple Instrument for performing the Operation of Transfusion. Remarkable Case of Ejectment of a Foreign Body from the Right Bronchus, after being lodged there many years. Cases in General Practice:—Amputation of the Foot, and Fracture of the Cranium. By James R. Stedman, Esq. Cases from the Note Book of a General Practitioner. By George James Squibb, Esq. Two Remarkable Cases of Ruptured Uterus. Case of Atrophy of the Heart. Stricture of the Pylorus caused by Gall Stone. Apoplexy with Sanguineous Effusion. On Certain Disorders of the Liver: the use of some New Remedies in their Treatment. By John Gardner, M.D., F.C.S.

DOCUMENTS RELATING TO MEDICAL REFORM.

A Bill for the Incorporation of General Practitioners in Medicine, Surgery, and Midwifery. Correspondence between the Government and the Royal College of Surgeons. Committee of the National Association of General Practitioners in 1845. Extracts from the Transactions of the National Association of General Practitioners in Medicine, Surgery, and Midwifery. List of Names of General Practitioners of the National Association.

EDITORIAL ARTICLES.

The New Medical Bill and the Correspondence between the Government and the Royal College of Surgeons. The Coroner's Court, its Ancient Foundation, the Qualifications for Coroner. The Reciprocity Clause of the General Practitioners' Bill. Quackery, No. I. The College of Surgeons and the Government. The Profession and the Public. The Medical Profession and Insurance Offices. The Coroner's Court. The College of Surgeons and the Government. Bill for the Incorporation of the General Practitioners. Sale of Poisons. Sir George Grey and the College of Surgeons. Organization of General Practitioners. Quackery, No. II.—Mesmerism. The Sydenham Society. Quackery, No. III. The Coroner's Court. The Theory of Inflammation. Address of the Royal College of Physicians to Her Majesty, on the Papal Aggression. The National Association of General Practitioners. The Reciprocity Clause. Quacker, No. IV, Mesmerism. General Practitioners. Mesmerism. Epidemiological Society.

REVIEWS.

Pharmacy and Materia Medica.—The New Dublin Pharmacopœia. The Philosophy of Spirits in Relation to Matter. By C. M. Burnett, M.D. The Surgeon's Vade Mecum. By Robert Druitt, F.R.S.C. On Excision of the Enlarged Tonsil. By W. Harvey, M.R.C.S., &c. Practical Observations on the Diet of Infancy and Childhood. By T. Herbert Barker, M.D.

CORRESPONDENCE.

Circular Letter to the Council of the National Institution. Letter of Nathaniel Clifton, Esq. Letter of Richard Wallace, Esq. Letter of J. Bedingfield, Esq. Letter on Mr. Squibb's Case of an Acephalous Child. Correspondence between George Drummond, Esq., and the Secretary of the Promoter Life Assurance. Election of Fellows of the College of Surgeons. On the Pronunction of the word "Hyoid." The Duty of Local Societies. Case of an Acephalous Child. The Quackery of Patent Medicines. On an Extraordinary Fœtus. Shares in the Institute. New Remedy for Shortsightedness. Application of Nitrate of Silver in Affections of the Larynx, by J. Bedingfield, Esq. Poor-law Medical Relief, by Aristides the Younger. Mesmerism—Is it True or False? By Dr. D'Alquen. Foreign Substance in the Bronchial Tubes. Dr. Rademacher's Theory and Practice.

MEDICAL INTELLIGENCE.

Opening of Queen's College, Birmingham. The British Medical Fund. Munificent Charity. Abolition of Intramural Interments. The Incorporation of the General Practitioners. Professor Sands Cox, F.R.S., Lectures at Queen's College. Report by the Committee of the South Eastern Branch of the Provincial Medical and Surgical Association. Registrar-General's Report on the Health of London during the past week. Degree of M.D. conferred at St. Andrew's, on the 18th of October. British Medical Fund. Professor Forbes's Introductory Lecture at King's College. University of St. Andrew's—Medical Examination Papers. Alleged Charge of procuring Abortion. Health of London during the Week. The Health of London. Medical Degrees conferred chiefly upon English General Practitioners at the University of St. Andrew's. Professor Erichson's Introductory Lecture at University College. Health of London during the week. British Medical Fund. Death of M. Tanchou. Medical Society of London. Report of the Sydenham Society. Public Health. University of London—Second Examination for Bachelor of Medicine. Answers to Correspondents. Medical Society of London. London University Examination. The Public Health. Royal Medical and Chirurgical Society. London University Examination Papers. Health of London during the week. Commissioners of Lunacy. Apothecaries' Hall Pass List. Poor Law. Medical Society of London. Parotid Tumour. Subcutaneous Bursæ, their Anatomy, Pathology, and Treatment. The Artificial Oviduct. Epidemiological Society. Dr. Babington's Address. Infectious Nature of Cholera. Health of London during the Week.

MEDICAL NEWS.

Popular Prejudice against Vaccination—Pass List of the Royal College of Surgeons, Apothecaries' Hall and University of London—Botanical Society of London—Obituary—Longevity—Registration of Students—Epidemiological Society—Answers to Correspondents.

THE INSTITUTE.—Contents of the Numbers already Published.

THE PHILOSOPHICAL GAZETTE.

Poison of Lead.—Dr. Scoffern's Patent. Cause of the Green Colour of the Water of the Serpentine. The Indian Bael or Bela. Use of Anæsthetic Agents during Surgical Operations, at an early period, by the Chinese. Composition of the Blood of New-born Animals. Influence of a Salt Diet in the composition of the Blood. On the Physiological Action of Analogously-composed Organic Matter. The late Attack of Cholera at the Sea-Locks, Cardiff. Report on certain substances found at Cape Riley, in the Arctic Regions. By Sir John Richardson. Memorandum of Microscopical Observations on the Wood and other substances from Cape Riley. By Dr Andrew Clark. Dr. Faraday's Discovery of the Magnetic Properties of Oxygen. Chemistry.—Chemical Properties of the Vegetable Alkaloids, Morphine, Narcotine, Quinine, Cinchonine, Strychnine, Brucine, Veratrine, Salicine. Anatomy of the Cetacea. Interesting Ornithological Discovery — Large Birds of New Zealand. Citrate of Cafeine. Chemistry.—Chemical Properties of the Vegetable Alkaloids, Morphine, Narcotine, Quinine, Cinchonine, Strychnine, Brucine, Veratrine, Salicine; with general remarks upon their distinctions and separation. Observations on the Adjustment of the Relations between the Animal and Vegetable Kingdoms, by which the Vital Functions of both are permanently maintained. Kreatine, a Constituent of the Flesh of the Cetacea. On the Action of certain Re-agents upon Quinine. Action of Chemical Agents on Sulphite of Lead. Method of Discriminating betwen Cotton and Linen Thread and Fabrics. On the Occurrence in the Animal Organism of a Body allied to Xanthic or Uric Oxide. Preparation of Atropine by means of Chloroform. The Action of Chloroform on the Sensitive Plant. On the Rapidity with which Sensation is Conveyed by the Nerves. Antagonism between Febris Intermittens and Phthisis Tuberculosa. Immersing the Hand in Fused Iron at a White Heat. Cantharidal Æther, and some Vesicant Preparations of Cantharides. On the Velocity of the Electric Current. Formula for the External Use of Glycerine. Composition of Cod-liver Oil. A New Acid Discovered in the Animal Economy. Malleable Brass. On the Fraudulent Sale of Cinchona Bark, exhausted of the Alkaloids. Sulphite of Lead Poisonous. Active Principles of Vegetable Remedies. Succinic Acid Discovered in a Diseased Liver. On a Peculiar Compound of Resin and Lard. Chemistry — Metamorphoses of Organic Substances in the Process of Fermentation, &c. In the Metamorphoses of Malic Acid into Succinic Acid. On the Preparation of Succinic Acid from Malate of Lime. Further Researches on the Production of Succinic Acid by Fermentation.

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VIII. On the Use of Walnut-tree Leaves in the Treatment of Scrofula.
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XXXIII. On Section of the Tendo Achillis, in some Cases of Fracture of the Bones of the Leg.
XXXIV. Effects of the Introduction of Vitiated Fluids into the Blood.
XXXV. Observations on the Prolonged Expiratory Murmur in Incipient Phthisis
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LECTURES ON THE GERMAN MINERAL WATERS,

DELIVERED AT

THE HUNTERIAN SCHOOL OF MEDICINE.

By SIGISMUND SUTRO, M.D.,

Physician to the German Hospital.

LECTURE III.

Gentlemen,—The hidden properties of these remarkable outpourings induced many persons to attribute accidental circumstances to their influence. Thus, for instance, the vapours arising out of the springs at Pfäfers were thought a preservative against the plague, because in 1611 and 1629, when the cantons of St. Gallen and Appenzell were devastated by the plague, all those that resided at the time in Pfäfers, were spared. This, however, could not furnish a proof of the preserving power of the spa. The non-attack may have been due to the high and isolated situation of the place; perhaps, beyond the reach of atmospheric miasma. On the other hand, the curative efficacy of sea air was well known and appreciated by the ancients. The cause is, no doubt, the diminished carbonic acid of the atmosphere, which is, on the contrary, impregnated with saline exhalations. The same influence is also shown in the character of the surrounding vegetation. A favourable effect, similar to that of sea air, may be expected from the vicinity of salt and graduation works, for a considerable quantity of free hydrochloric acid was found near the salt-works of Halle. The same acid has also been detected in the rain water of Salzufeln (lat. 52° on the Weser).

If snow-covered mountain peaks are situated in the neighbourhood, the climate will exhibit a certain roughness, though the snow may be present only a part of the year.

This is, for instance, perceived in the spas at the foot of the Fichtelgebürge, Thüringer forest, Erzgebigge and Black forest.

The climate is further modified, according as the spa is situated on the southern declivity of the mountains, and thus protected against violent north and east winds, or on the northern declivity just exposed to them.

Look at Wiesbaden, being on the southern declivity of the Taunus, below the reach of north and east winds, and enjoying an extremely pleasant and mild climate. Now, behold Schwalbach, only a few leagues to the north, unfavourably known by the roughness and severity of its climate. What is the reason? Why, it lies on the plateau of the mountain, and the same height that serves as protection to its lucky neighbour, exposes it to the tender mercies of these amiable potentates, the north and east winds.

In Barèges, the celebrated French spa of the Pyrenees, the climate is so severe, that it cannot be well inhabited more than six months of the year, whilst in its neighbourhood mineral watering-places are found of the most lovely climate. A still greater difference is afforded by the places lying north or south of the St. Bernardino.

Though in the northern situation the climate is very severe, on the southern luxuriant meadows are seen at a height of 5,000′. At Misox (4,900′) corn-cultivation begins; at Soazzo (3,000′), the vine is tilled; and farther down fig and mulberry-trees are reared.

The circumstance whether the valley of the respective spas be narrow, encircled by steep and high cliffs, or broad and open, becomes of high importance; for instance, in diseases of the chest. The partial impediment to the entering rays of the sun causes the narrow valley to be comparatively colder and moister, and many a patient with weakened thoracic organs will feel oppressed by a long sojourn in it. Patients of this description occasionally complain of a somewhat impeded respiration, even in the valley of the Tepl, at Carlsbad, or of the Lahn, at Ems. How oppressed and inconvenienced would these persons feel at Pfeffers, which certainly lies 2,000′ over the level of the sea, but is so enclosed by high and steep rocky mountains, that the beneficent influence of the sun is not admitted more than seven hours in the longest days. Then, suppose the present disease would strongly mark out Pfeffers as the most appropriate spa, you must not send a sufferer there, if his thoracic organs are at all liable to irritation, or disposed to derangement.

The influence of the greater or smaller elevation I have already treated of. I have said, that the purity and tenuity of the atmosphere belonging to high situations, possesses tonic and stimulating properties, whilst that of lower situations being denser, and impregnated with more impurities must produce corresponding depression of the vital functions. or vitiate the circulating fluids, and thus lay the seed of actual disease.

Gentlemen, you will have observed some analogy between acidulous and hot springs, viz., their volcanic origin. But you can further notice, that heat and carbonic acid seem respectively to perform the same function of solving and keeping the constituent particles in close union. When you hear in the special consideration of the waters. that a spa contains so or so much carbonic acid, it is of the utmost importance to inquire, whether the acid be intimately and firmly connected with the water, or whether it merely seems to stream throught it, loosely attached.

Though in general 100 volumes of water absorb only 106 volumes of carbonic acid, we find the drinking spring of Pyrmont to contain in 100 cubic inches of water, 171 cubic inches of carbonic acid; the Franzensquelle, near Eger, 153 cubic inches; the Ferdinand's spring of Marienbad 145 cubic inches; in fact, a greatly varying amount, irrespective of that which might have been imbibed under the ordinary atmospheric pressure.

In some instances, the quantity of volatile ingredients varies according to the electric tension of the atmosphere, or in consequence of unexplored processes in the interior. The cold sulphur spring of Günthersbad, near Stockhausen, in Thüringen, evolved during four months (from November, 1817, to February, 1818), a considerable quantity of sulphuretted hydrogen; all on a sudden the quantity diminished, and the water betrayed instead, a strong taste of iron. When Ragozi, of Kissingen, was cleaned out, a source of carbonic acid was found, with a varying quantity of gas. In June, previous to a tempest, at a temperature of + 22° Reaumur = 81½ Fahrenheit, 170 cubic inches of carbonic acid streamed out in a minute. In July, during moist weather, and a temperature of +14 °Reaumur (=63 ½°Fahrenheit), only 110 cubic inches in the same period, and a day later 140 cubic inches. A similar variation of quantity has been observed in those grottoes, in which a continous evolution of carbonic acid takes place, as in the Grotto del Cane, near Naples, and the vapour cave near Pyrmont. As regards the quantity of ingredients dissolved in the springs, it does not invariably exceed that dissolved in common water; on the contrary, it is often smaller. What constitutes them *as mineral waters, is their peculiar composition and distinguishing properties of taste, colour, temperature, and specific gravity; and, above all, their specific efficacy on the human organism.* Several drinking wells of Berlin, Stockholm, Hanau, and other towns, contain from 5 to 10 gr. of solid ingredients dissolved in 16 ounces, without claiming the character of mineral waters, whilst the powerful spa of Wildbad contains only 3½ gr. in 16 ounces; Teplitz, 4¾; Gastein and Pfeffers, 2½ gr.; Brückenau, 2 4-10; Spaa, 3 3-10; the sulphur spring of Landeck, 2 6-10. Those which contain chlorides and sulphates, have most ingredients. Amongst the German springs, Püllna possesses 182 gr. of solid ingredients in 16 ounces; Saidschutz, 160; Seidlitz, 126; the muriatico-saline spring of Pyrmont, 113; the Soolspring of Nenndorf, 93; Ragoczi, of Kissingen, 85; sulphur spring near Doberan, 76; the Kreuzbrunnen of Marienbad, 66; the Kochbrunnen of Wiesbaden, 59 grains.

As regards the proportion of solid ingredients of sea water, the Mediterranean possesses in 10,000 parts 410 grains.

The canal la Manche	.....	380
The North Sea near the Isle of Föhr	.....	345
near Norderney	.....	342
near Leith	.....	312
near Retzebuttel	.....	312
The Baltic Sea near Apenrade	.....	216
near Kiel	.....	200
near Doberan	.....	168
near Travemunde	.....	176
near Zoppot	.....	76
near Carlshamn	.....	66

When evolutions of carbonic acid or sulphuretted hydrogen overspread whole regions, the common sources are partially impregnated with the gas. But then it escapes very readily, causing iron or other ingredients, previously kept in solution, to precipitate. Thus in the steel-spring of *Bruckenau* the carbonic acid only loosely adheres to the water; whilst from the neighbouring spring of Wernarz, a bottle was filled and left open the whole night, and still a considerable quantity of carbonic acid was found in it next morning. Again, in the chalybeate of Schwalbach, the wine-brunnen possesses the carbonic acid in a more adherent state than the so-called Stahl-brunnen (steel-well). The mineral water of Steben in Bavaria, after having been kept three years in a well-corked bottle, was still clear, transparent, and without the least sediment. Some of the chalybeo-sulphurous water of Bocklet was exposed for twenty-four hours in an open vessel to the influence of atmospheric air, and still no oxide of iron was precipitated, and when shaken many gas bubbles were developed. The carbonic acid seems, however, loosely attached to the springs of Im-

nau, in Germany, and Hartfell, Cheltenham and Tunbridge in England. Most of the Silesian and Glatzian acidulous springs have also their carbonic acid, but weakly adherent; and thus they would lose much of their character by being sent to some distance. (Niederlangenau and Obersalzbrunn appear to be excepted). In the chalybeate of *Driburg*, the gas adheres firmly. Pyrmont possesses a similar distinction. This is also the case in Selters-water, though the small quantity of iron it contains, becomes easily precipitated. By a very intimate combination are further distinguished—Kissingen, Spaa, Franzensbad, &c.

Even sulphuretted hydrogen, which is generally less firmly united with the water on account of its lower specific gravity, varies as regards its adhesion in several springs. From this reason some powerful sulphureous waters have less sulphur precipitated, and cannot furnish, therefore, as appropriate materials for sulphur mud-baths, as weaker springs with more abundant precipitates.

If the hot mineral waters have lost their heat by exposure to the atmosphere, many of their combinations become disunited and decomposed or deposited, and thus they generally lose their characteristics by being transported to a distance.

Cold sulphurous and acidulous springs are less easily decomposed; the former, however, will often undergo essential changes by the escape of sulphuretted hydrogen, and the latter by the evolution of carbonic acid, and consequent precipitation of previously dissolved particles.

The best adapted for distant carriage are waters abounding in soluble fixed salts, and comparatively deficient in volatile ingredients, for instance—bitter waters, saline waters, &c. Though the constituents of most springs are of inorganic character, some, undoubtedly, posssess organic substances.

If you find yourselves near the Sprudel of Carlsbad, you perceive the same smell as if you were near a kitchen where soup is boiled.

The water of Wiesbaden tastes just like weak chicken broth, somewhat over salted, and if you would close your eyes in drinking it, you might really fancy taking broth. This bears out the assertion—that some analogy exists in this respect with organic fluids.

This is further born out by the easy assimilation of the respective hot waters, and by the stimulating and strengthening power which they often exercise, though according to the character of the constituents weakening or irritating effects ought to be expected.

As regards temperature, we have not only to consider the reaction it creates in the human system, but its influence on the composition of the respective spas.

In cold springs the adhesion of carbonic acid becomes firmer, through cold, and thus the stimulating and invigorating property is increased.

By a very high temperature, gaseous constituents are volatilised it is true, but the fixed ingredients are the more firmly and intimately combined, and melted into one whole as it were. From this reason, hot springs, though possessing a great proportion of weakening or lowering salts, do not produce debilitating effects, but are on the contrary well assimilated, without irritating the digestive canal, or depressing the vitality of the constitution.

As in the constituents I pointed out the difference between loose and thorough combination, so in temperature, we have to remark the peculiarity of the inherent heat of the springs. It is, no doubt, of volcanic origin, and many experiments have been made to compare it with heat artificially produced. It was generally thought, that the natural springs possess a greater capacity for caloric, than the artificial ones heated to the same degree.

Some attempted to show, that heated waters, exposed to the atmosphere, lose their heat sooner than naturally hot springs. Others demonstrated the fallacy of these experiments, in which the same ingredients had not been added to the artificial water, as were contained in the natural. They found no difference in the time of cooling between the two, if the same solutions were contained in the artificially heated water, as in the natural thermæ.

But though no perceptible difference may be demonstrable in cooling, still we have a right to assume that the caloric produced by volcanic processes exerts a different influence on the human system than that which has been artificially produced.

It is true, if we observe the efficacy of a hot spring, we cannot well separate that part produced by temperature from that which the constituent particles may have contributed.

But, finding such strong efficacy in some thermal springs with scarcely any solid ingredients of importance, we are driven to attribute a great portion of their powers to the peculiar inherent caloricity, unattainable by artificial means.

The different physical perception is apparent. Though the thermometer may indicate the same degree of heat, our feelings prompt us to consider it of a different kind. Let any one take a common warm bath in Wildbad, and then bathe in the mineral spring, he will find a certain degree of langour after the former, and even during immersion he will not find a comfort in staying longer than twenty or twenty-five minutes. How differently will he feel when he lies on the warm sand in the thermal bath. No shadow of oppression is perceived by the heat; on the contrary, he feels lighter, more cheerful, and seems to breathe with greater freedom than before. Instead of a desire to leave after a short time by a certain undefinable depression, ensuing by long exposure to heat, he feels, on the contrary, more cheerful and gratified, and would stay for hours, if health would not be injured by it.

We certainly cannot prove by analysis the different character of this caloric: but can we analyze the rays of the sun? and still we see their necessity in the growth of plants. Withdraw these rays, the most blooming and handsome specimens of the vegetable creation wither and decay. You provide a substitute by the hot-house; but do ever these hot-house plants perfectly resemble the natural ones? They sometimes exhibit a finer appearance, more beautiful colours, larger sizes; but will they ever be equal in intrinsic value? Will they spread the same odour? will they last the same length of time? Again, I must mention that some thermal waters can be drunk without inconvenience, whilst a common beverage of the same thermometrical heat could not be taken with impunity.

May not we also attribute some importance to the circumstance, that, in a common bath, the different layers of water can scarcely be expected to have all the same identical degree of heat. The lower strata will always possess a slightly diminished warmth compared with the upper. Besides, how can the water be made to retain the same heat during the stay of the bather? If, on entering, he found the temperature exactly suitable, it must be less so after a few minutes. If, notwithstanding these disadvantages, warm baths are such useful, nay, indispensable adjuvants of medical treatment, what benefit may you not expect from the influence of this congenial warmth surrounding the body, in company with the involving liquid, gently stimulating the lymphatic and blood vessels to an increased function, promoting the exhaling power of the cutaneous pores, improving the secretions of the dermic follicles, diminishing morbid sensibility by the soothing contact with the peripheric nervous ends, and imparting pliancy to rigid muscles and sero-fibrous organs by their irrigating and quasi-lubricating property?

The tendency of evaporating bodies to assume the gaseous form is called *tension*, and equals in power the pressure of one atmosphere at their boiling heat; viz., each liquid must be assumed to hold part of itself in a gaseous form, which escapes when absorbing greater heat. The expansive power of heat attenuates the circumambient air, and consequently diminishes its resistance and pressure. As soon, then, as the heat has been raised to such a degree that the impeding weight of the atmosphere has been sufficiently diminished, volatilization takes place. According to the stronger or weaker tension, the boiling point will be at a lower or higher degree of heat under the same atmospheric pressure; for you are aware, in a vacuum where the air is exhausted, water is made to boil considerably below the usual boiling heat. Besides its own gas, water also has the power of binding permanent gases without evolution of latent heat; that is, without increase of temperature, and consequently without diminution when the gas escapes.

This binding of permanent gases is called *solution*. It also depends on the quantity of water-vapour contained in the liquid. If you raise the temperature of the whole, the proportion of the absorbed foreign gases diminishes as the watery vapour increases, the expanding homogeneous gas filling out the atomic interstices, and thus expelling the foreign gas. A strong barometric pressure can cause more gas to be absorbed, but always in the same proportions.

Thus 100 volumes of pure non-aerated water absorb 253 volumes of sulphuretted hydrogen; 106 of carbonic acid; 6½ of oxygen; 4 6-10ths of hydrogen; 4 2-10ths of nitrogen.

One volume of nitrogen corresponding with 25 volumes of carbonic acid, water saturated with carbonic acid and coming in contact with air, must expel 25 volumes of carbonic acid before it absorbs one volume of nitrogen; the acid escapes, therefore, the slower, the smaller is its quantity in the water; and when, already, other gases are dissolved in the water in their proper proportions. In consequence of this relation, water always absorbs comparatively more of the oxygen than of the nitrogen of the air, and whilst the proportion of the oxygen and nitrogen in the air is as 21 to 79, in water it is as 31 to 69.

The greater the specific gravity of water by the solution of solid ingredients, the less it is able to dissolve permanent gases.

For if solid bodies are dissolved in the water, the volume is not like the addition of both volumes, but the whole is proportionally diminished in volume. For instance, water in which 26⅛ parts of salt are dissolved, should have a specific gravity of 1·150, if both volumes were simply added, but in reality, it weighs 1.200 at 15° Reaumur. What may be the reason of this curious contraction? Ought we not to suppose on the contrary, that the solid body entering into a liquid state, would occupy a greater space than formerly, rather helping to enlarge than to diminish the volume of the mixture? The reason is, no doubt, the escape of latent heat out of the water to combine with the liquefied solid, by which means the watery atoms must contract. From the same cause, they offer less surface to permanent gases, which might otherwise be retained in the atomic interstices.

The development of carbonic acid can only be explained by melting of basaltes and cooling of lava masses. Many masses of lava and basaltes contain carbonate of lime, which retains its carbonic acid when melted with other stones under strong pressnre, giving it up, however, when it comes to light and is freed from pressure. The periodic evolutions of carbonic acid near volcanoes, Mophetae are explained by this. These evolutions of gas belong to the transition mountains, and thus have a deep origin. Even the lime of basaltes combined with 7⅓ grains or 10⅔ cubic inches of carbonic acid furnishes a sufficient quantity of carbonic acid for immense evolutions.

The exhalation of carbonic acid inducing thus a formation of volcanic masses, at the expense of carbonate of lime and other stones, has probably taken place with greater energy in former times. The atmosphere may thus have contained more carbonic acid, and great strata of coals may have been formed out of vegetables abounding in carbon, which had decomposed the carbonic acid of the air, furnishing the oxygen necessary for the life of warm-blooded animals.

Chemical affinity has also some influence on certain processes of its expulsion. Thus sulphuric acid forms gypsum out of lime, and bitter salt out of the domite.

Those atmospheric springs, which contain carbonic acid, must have obtained it by the process of fermentation and vegetation in the external layers of the earth.

Now gentlemen let us devote a few moments consideration to the *medical effects of temperature*. Its limits for curative purposes are shown by the following table:—

Limits of Temperature.

	R.	F.	
Artificial freezing point, out of 5 parts of powdered sal. ammon. and 5 parts of well-triturated nitre, with 16 parts of fresh water (of about 5° R.), for cold application (Schmucker's application)	−9°6′	=10°4′	Cold.
Application of ice or snow	0	=32°	Cold.
Lowest temperature of douches and baths at Graefenberg	4°	=41°	Cold.
Medium temperature of deep wells in Germany	7°2′	=48°2′	Cold.
Lowest temperature of the Baltic Sea at Doberan during the season	8°	=50°	Cold.
Average temperature of halokrenæ and anthracokrenæ	12°	=59°	Cool.
The lukewarm-spring of Lippspringe, the most northern of Germany	16°6′	=69°35′	Lukewarm.
Shallow spots of the Spree at Berlin (after a very hot summer)	20°	=77°	Lukewarm.
Schlangenbad	24°	=86°	Lukewarm.
Lowest temperature of the basins of Warmbrunn (heat of epiderm.)	28°	=95°	Warm.
Town-bath of Teplitz	35°	=110°75′	Warm.
Bains Madelaine of Mont d'Or (highest bath temperature borne)	36°	=113°	Hot.
Highest degree of Russian vapour-baths	40°	=122°	Hot.
Temperature of hot vapours out of the coal-burnings at Zwikau	60°	=167°	Hot.
Heat of the room where Banks, Solander, Phipps, and Blagden made their experiments	79°75′	=211°	Hot.
Heat of Geyser (of boiling water at an atmospheric pressure of 336 lines)	80°	=212°	Hot.
Heat of an oven where some girls stopped for 10 minutes (according to Duhamel)	108°	=275°	Hot.

In our organism, not only the temperature of the blood must be created, but an excess of warmth, as a regulator of the circumambient temperature, either spreading to the surrounding colder media, or transforming the enclosed water into vapour, if the media approach our own temperature. On this account we only feel at ease if moving in a lower temperature than that of our body. For though the excess of the produced heat would be consumed for some time in *perspiration*, the irritation of the peripheric nerves would ultimately be transplanted to the central nervous system, causing over-stimulation, giddiness, head-aches, palpitation of the heart, fainting, &c., as results of the impeded escape of the regulating heat of our body. Clothes serve to prevent the too rapid evolution of our internal caloric. The nature and form of the capillary vessels dispose them more to transmit animal heat to the exterior, than to spread external cold into the interior. Under the influence of a low temperature they contract their volume, condense their tissue, and close those openings of the spiral secretory surfaces, in which the blood discharges part of its water in the form of liquid or gas. Thus it requires the very highest degrees of cold to produce immediate paralysis of innervation and gangrenous congelation. In all minor degrees of cold, a reacting process takes place from the central nervous system, inducing increased heat on the surface, as soon as the refrigerating influence ceases. This differs materially in various organisms. An epidermis frequently exposed to cold ablutions, for instance, possesses a stronger degree of nutrition, a denser tissue, a steadier peripheric circulation, in vessels of larger lumen. We should call such a person obdurated, because his nervous system is less sensitive to external irritation, frequent reactions having produced greater firmness. By this heightened cutaneous innervation, degenerated sebaceous glands may be expelled by setting up inflammatory processes in the form of furuncles.

But when the excess of animal heat is rapidly absorbed by evaporation, the perspiratory canals being filled, the movement of the blood accelerated to supply the necessary quantity of liquid, the action of the lungs and heart consequently increased, the blood, condensed and more inclined to obstructions, by being partly deprived of its serum, when in this state the external temperature suddenly lowers, demanding as sudden a withdrawal of internal heat, the superficial nerves become irritated, and necessarily impart this irritation to the central organs, producing congestion or inflammation.

The above will explain the great difference between the action of cold on a body heated by exercise, the cause of so manifold injuries, and the comparatively innocuous application of extreme cold, as cold douche, on a person, whose epidermis merely has been incited to increased heat by blankets, in a quiescent position, or by vapour baths. The violently irritated exhaling vessels are somewhat soothed by the sudden cold, and the calm function of internal organs, indisposes them the less to participate in the effects of the sudden change, as the cold is not allowed to act long, so that reaction from the interior takes place, before the deprivation of heat can communicate lesion to the non-excited internal organs. The better a substance conducts heat, the sooner it withdraws our caloric, and the sooner it establishes an equilibrium. This circumstance causes metals to produce a sensation of more than thermometrical cold by contact.

The water having a much stronger conducting power than air, would withdraw our heat much quicker, and therefore the temperature of the atmosphere, in which we feel at ease, would cause an intense sensation of cold if it were imparted to water, in which we are immersed, the latter depriving us quicker of our excess of caloric.

An extremely hot bath will induce at its first contact, a passing sensation of *chilliness*; a very cold bath, of burning. How is this to be explained? I think in this way: the first *shock* of high temperature produces a sudden contraction of cutaneous pores, for it drives the water vapour surrounding the body, the result of inherent heat, as we have seen above, towards the interior, at its onset, till violent reaction ensues.

The first result of violent cold, however, is to cause a sudden escape of the excessive inherent heat in question, and thus momentaneous opening of the exhaling vessels, with a momentaneous sensation of burning.

The effect of baths on the epidermis, are in accordance with the horny character of the latter. Heat extends and swells it, and renders it more pliable; cold contracts it, and makes it more rigid. The highest and lowest temperature make it impenetrable for the exhaling substances, which therefore raise the cuticle in blisters.

The highest heat borne without inconvenience is 36° Reaumur, =113° Fahrenheit. The normal excess of caloric is not only prevented from further development, but a part of the hot medium is communicated to it; therefore, besides the local sensation of

heat general immoderate reaction ensues, circulation becomes increased, the central nervous system agitated, and particularly arterial functions heightened. These efforts may be required as curative in certain morbid affections, when the nervous centres are to be brought into action from their peripheric ends. By the softening of the horny substance the excretory canals are contracted and closed at their external ends, and thus the subcutaneous watery vapour collects and causes tension of the epidermis, which becomes frail in consequence, and desquamates sooner or later. The violent irritation may easily produce febrile action. Thus chilliness may arise with other characteristic phenomena.

Such elevated temperature may, therefore, be admissible in cases of general torpor, in certain spasmodic diseases, in fact, when a curative reaction is to be expected, or when this general external derivation is to be safely employed, to reproduce diminished cutaneous innervation, But they must be considered *as extremes* in extreme states; at least for the whole body; for in such general torpor some internal organ is mostly in a state of irritation, forbidding the employment of such a violent remedy; but as partial baths they may often be employed as excellent local derivatives.

Hot mineral waters create less sensation of heat, because the dissolved ingredients diminish the capacity of water for caloric. This is particularly the case in mud-baths, in the so-called chalico-(earthy) and theio (sulphurous) thermæ; less so in the alkaline or saline thermæ. The reason is because in the latter the irritation of heat is supplanted by the chemical stimulus of soda or chlorine, corresponding with the other stimulus at least in its secondary result.

To keep the mud in a liquid and the ingredients in a dissolved condition, a certain proportion of latent heat becomes absorbed, and thus a higher temperature is borne.

Baths of a temperature between 20° and 30° Reaumur (77° and 100° Fahrenheit) would not produce any influence on the temperature of the organism if the animal heat had not the function of furnishing a regulating excess to the surrounding media. In some individuals this excess is very small, and would be withdrawn by a bath of 28° Reaumur. In others again of more robust and plethoric habit, this heat would produce effects described as appertaining to baths of 30° and 36° Reaumur.

In the lukewarm and cool bath, the warmth does no more act as a stimulus escaping from the water. But the absorption of internal heat must influence those organs, which perform the function of calefaction. The sum of heat which each atom of water requires to put itself into equilibrium with the heat of the body, then the rising of the warmed layers from the surface of the body upwards must materially lower the amount of animal heat, and primarily depress the external innervation, but the consequent reaction induces a powerful impulse from the interior to the circumference, tending to an increased production of heat, and a heightened metamorphosis on the surface.

If the individual leaves a cold bath, the reaction produces such an excess of warmth as to guarantee a certain stability of external innervation and resistance to the changing temperature of the air (unless it be violently agitated). The air itself being a bad conductor, and requiring little latent heat for maintaining its gaseous form, does not deprive us of a great amount of warmth, as already shown. The epidermic redness produced by a cold bath certainly resembles the visible effect of a hot one. But whilst the consequence of a hot bath is reaction to the interior, redness with congestive fulness of the epidermis, being the commencement of the phenomena, in a cold bath, external redness and increased circulation are the closing phenomena resulting from a reaction issuing out of the centre towards the exterior. The warm bath acts as a sudden excitant of functions, the cold as a sudden retarding influence. The individual organic resistance will decide whether the reaction will have a local or general character.

Suppose, for instance, the urinary organs to be in an irritated condition, a sudden immersion into a cold bath, which momentarily prevents perspiration, will produce increased urinary secretion or spasms of the secreting organs. If mucous membranes are abnormally affected, over-stimulation and great irritation may ensue through the sudden action of cold. The action of the motor nerves is lowered. Muscles sometimes become insensible and immovable through this diminished innervation.

When increased calefaction takes place by some irritation of the peripheric nervous system, a cold bath will absorb this excess of heat, and violent reaction will not be apprehended, from the energy of the nervous system having been previously weakened through the over stimulation. The cold bath will only be beneficial when its effects assume the type of fever—cold, warmth, increased secretions, &c.

The duration of the cold bath is of great importance. After the first effects of weakened innervation have been counteracted by reaction, the steady heat absorbing power begins to act. The general secondary reaction, beginning with frost, will appear, sooner or later, according to the greater or smaller individual power of resistance.

Smaller quantities of water rapidly exchange their temperature against that of the blood. The evaporation consequent on the applied liquid always binds a certain amount of heat. Moist bodies under thick covering stimulate the cutaneous system to a greatly increased serous secretion. They act like a local vapour-bath, with this modification, that the body itself supplies the necessary warmth. Such moist applications and fomentations may be reckoned as powerful sudorifics, and might be very beneficially employed with sea or saline water in complaints characterized or produced by suppressed or retained perspiration, and by a heightened nervous susceptibility against external influences.

Vapours can be employed in much higher temperature than water, being worse conductors, and possessing a smaller capacity for caloric. But you will ask, "Why should they be better borne than air?" The answer is very simple; because they require a great amount of heat to be kept in the gaseous form, which is not the case with the permanent gaseous mixture composing our atmosphere. They also less impede evaporation, on the contrary, promoting it. They are very useful where the liquefying process is to be heightened, where perspiration has been retarded, where noxious matters are to be excreted by the skin.

Careful experiments have shown beyond a doubt, that water and its constituents are absorbed by the body, whilst serous and other cutaneous excretions are dissolved and retained by the water. The continued action of the liquid exercises a peculiar stimulus on the sebaceous glands.

The vapour bath, however, exclusively promotes serous secretion, and wants the primary stimulus of external innervation.

The inhaled vapours gently promote the flux of blood to the mucous membranes; but, being charged with moisture, they exert a relaxing and softening influence, resisting local contractions and obstructions. Whilst, therefore, they are injurious in deeper affections of the pulmonary tissue, their employment is attended with advantage in passive chronic irritation of the mucous membrane of the lungs.

The greatest utility of the vapour bath is shown in rheumatic paralysis, produced by suppressed cutaneous function, when we require the smallest amount of local irritation with the highest degree of general evaporation.

The characteristic effect of *warmth in the digestive canal*, is *pure stimulation* in the nerves of the alimentary tube, without secondary peculiarity.

After the application of this stimulus, circulation becomes slightly accelerated, the pulse fuller, perspiration and urinary secretion increased, and with this, the effect closes. If the external temperature be low, the production of an excess of warmth is favoured.

Sometimes the stimulus of a hot beverage causes heightened motion and over stimulation, and in consequence anti-peristaltic motion or obstruction. Bile and gastric juice are mostly caused to flow with greater abundance.

If internal organs are in a state of irritation, hot drinks are liable to produce violent hæmorrhage, plethora of the brain, headache, giddiness, oppression of the chest, &c.

This congestion to vital organs may be prevented either by keeping off all external influences that might impart cold to the body (for instance, by the patient remaining in bed, and induced to perspire while using the hot beverage), or setting the muscular system in action by gentle exercise, thus promoting general circulation as a derivative from locally, irritated tissues.

Cold, applied internally, produces greater power of irritability, by the reaction which ensues.

If acid gastric juice is secreted to excess, or if venous circulation be retarded by the extended, slowly moving blood-vessels, or if abnormal enervation occasions anti-peristaltic motion (that is vomiting), *cold* will prove highly curative.

As regards the mechanical effects of water, some persons lay stress on the increased pressure, water being much heavier than air. But if this should exercise a great influence, there ought to be different effects on various parts of the body from the unequally distributed pressure. If a person stands in water up to his neck, the weight is considerably greater on the lower than on the upper part of his body, and the circulation might be pressed upwards, and may be the cause of some persons feeling a sort of oppression when entering a bath. As a general rule, however, less importance is to be attached to it, than to the movement of the water, either by suddenly falling on the patient as douches, or by steadily touching and receding from the bather, as the wavy

motion of sea-baths, which are so eminently useful by inducing muscular re-action and counter-movement, vastly superior to any gymnastic contrivances, connected with violent exertion or agitation.

The muscles of the neck and chest being particularly exposed to this increased action, their organic innervation becomes strengthened, and with it the tone of the thoracic organs. On that account, sea-baths are so eminently useful in strengthening the lungs, and in preventing, to a great extent, development of tuberculosis and other pulmonary diseases, where tendency to such diseases exists.

The douche acts through its violent shock, according to its height, as a more or less exciting local agent. The rain-bath produces a sort of titillation of the peripheric nerves, and is apt to diminish excessive nervous sensibility.

As regards the *imbibition of the constituents*, we must bear in mind that organic cells and tissues have sometimes more attraction for one combination than for another, and thus prevent sometimes the purely chemical influence. For instance, *muriate of ammonia* produces, in large doses, giddiness, and stupefaction, momentary obscurity of sight. Similar results will follow the administration of *carbonate of ammonia*, when only the fourth part of the former be taken. Nevertheless, you may give carbonate of magnesia and muriate of ammonia at the same time, and you will merely perceive the action of muriate of ammonia, though according to chemical laws, carbonate of ammonia ought to be formed immediately after their introduction.

Some constituents of the mineral waters no doubt possess a restoratory power, supplying substances requisite for the proper performance of organic functions; others cause chemical action by their mere presence, without undergoing changes themselves. This is called *catalytical power*, from κατὰ, below, afterwards, and λύω, to solve.

Whilst αναλύω means *to solve backwards*, as it were, that is to separate the elements, as they may have existed before their combination, καταλύω to solve out, or turn out a substance previously present. On this account they may generally be considered *as alterative* remedies.

If certain spas are able to cure chronic renal congestion with incipient softening, and to diminish the irritation of the vesical mucous membrane, if others impede deposition of tubercular matter into the tissue of the lungs, whilst they exert a beneficial influence in gout, these effects are attributed to the carbonate of soda and chloride of sodium, which peculiarly act against such diseases of nutrition, as are based on tendency to acidification, or to greater coagulability of the albumen.

(*To be continued.*)

ORIGINAL COMMUNICATIONS.

ON DISORDERS OF THE LIVER;

AND

SOME NEW REMEDIES IN THEIR TREATMENT.

By JOHN GARDNER, M.D., F.C.S.

(*Continued from page* 223.)

In the preceding remarks on the uses of arsenic in certain disorders of the liver, I have confined myself to the theory of the operations of that remedy, and to its chemical relations, so far as they may be presumed to bear upon its therapeutic action and applications. But I may now observe that these considerations did not present themselves to my mind *before* but *after* some experience of its effects, when actually administered in cases of disordered liver.

We find it generally assumed in books, that the occurrence of rigors, after more or less suffering or pain referred to that organ, is indicative of the formation of pus; either an abscess or abscesses resulting from simple suppurative inflammation, or from suppuration induced by the presence of hydatids, which produce irritation and purulent deposition, acting like foreign bodies in the substance of the organ. And this assumption is doubtless true in both cases; but it is not the whole truth, inasmuch as it is a very frequent occurrence that patients exposed to the causes of intermittent fever, often find their general health greatly disturbed, and complain of uneasiness, and pain in the region of the liver, without having the ordinary and well-known symptoms of ague clearly developed, whilst these liver symptoms are frequently accompanied by irregular rigors; that is, rigors which, not assuming any regular periodic recurrence, are apt to be referred solely to a local basis, whereas, in truth, such cases are merely masked intermittents.

The nature of these cases is the more easily misapprehended, inasmuch as a careful exploration of the liver often manifests enlargement, either general or local, of the organ, and an increased sensitiveness to pressure over more or less of its surface. In one word, it is such a condition of the liver, produced by the causes of intermittent fevers, as we see in extreme cases happens to the spleen, producing the well known ague-cake.

A limitation of the effects of miasma (if indeed it be allowable to use a word which has but a very loose and general signification) to localities in the system, is one of the best established facts in medicine. No one will dispute the origin of the *brow-ague*, and it will probably be almost as generally admitted, that the recurrence of this well-known disorder, is far more frequent at irregular and uncertain periods, than after those definite intermissions which are so justly regarded as the most characteristic indications of intermittent *fevers*.

The existence of an aerial poison, an emanation from the soil —the cause of remittent and intermittent fevers, is universally believed, although we can neither isolate this poison, nor exhibit in a palpable form any compound, or mixture of it with other substances. The prevailing hypothesis which connects this poison with decaying vegetable and animal matter, is supported by many facts; but the opinion not long ago confidently advanced, and extensively adopted, that sulphuretted hydrogen gas is the poison in question, will not bear a close examination. In many chemical laboratories, where this gas is being constantly disengaged in considerable quantities, so as to render the atmosphere extremely offensive to the sense of smell, students and workmen continue for many days and even weeks. The presence of sulphuretted hydrogen, indeed, in very small proportion in atmospheric air, is readily detected by the olfactory organs; but the stench, together with the chemical action of this gas on articles of silver, in laboratories, demonstrates the existence of an amount far greater than can ever reach the lungs from stagnant waters, or decaying organizations, proceeding in the open air.

I have made many inquiries of chemists, and have uniformly received the same answer, that chemical students, and workmen are by no means liable to fever, either continued, remittent, or intermittent. Nor could I ever discover the prevalence of any of the milder symptoms, brow-ague, or other periodic forms of disease among these classes. Whether sulphuretted hydrogen may be the vehicle of some more subtle agent, whether any hydrocarbon, or volatile carburet of phosphorous, or some metal may be the poisonous agent, we need evidence to determine. At present we really know nothing of the nature of the poison constituting malaria; we know much of its effects, but it is only by the symptoms it produces—phenomena occurring in the living body —not the proximate cause of the diseases in question. Notwithstanding the innumerable treatises on fever and agues, since the time of Hippocrates, and the exercise of ingenuity, both diversified and profound, no explanation of the state of the system, of the several parts subserved by the various organs, and fluids, has yet been given worthy of being designated a theory of the proximate cause of intermittent fever. I am myself perfectly satisfied, that until physiology is rendered far more precise by the extension and application of organic chemistry to the elucidation of the materials, organs, and actions of the several parts of the system in health, we shall have no correct knowledge of the real *substratum* or proximate cause of intermittent fever.

It was a bold, and, as I think, a happy hypothesis, to designate the group of diseases assumed to arise from the cause or causes of intermittent and other fevers, *zymotic*, as if an analogy were established between those causes and the well-known chemical ζύμη. Probably, a more precise investigation will elicit facts which will make the analogy much closer than is at present suspected. Is there not, for instance, much reason to believe that, associated with the proper ζύμη of intermittent fevers, there may be animalcules, or minute microscopic plants, and the concurrent operation of both agencies in some parts of the organism, give rise to the symptoms, the phenomena of the disease, and produce the efforts traced by the knife of the morbid anatomist (the *noumena*. or proximate cause)?

To apply these remarks to the subject before us, namely, disorders of the liver, I would express my conviction that this organ is affected by the cause of intermittent, or periodic diseases. Disturbances of the general health are often complained of by persons who have resided for a time within the influence of malaria, characterized by intumescence, and sensitiveness of part or the whole of the liver, together with irregularity of its action, the biliary secretion being sometimes less than natural, as evidenced

by the absence of the true colouring matter in the fæces, alternating with a redundancy, when the entire bile will be discovered in the alvine dejections. Such attacks are not unfrequently accompanied with symptoms of fever, sickness, head-ache, hot dry skin, and foul tongue.

The employment of the ordinary remedies for bilious fever will often completely remedy these cases; but on the other hand, we as often see the fever subside and a chronic disorder of the liver remain.

The following case illustrates some of the foregoing principles, and appears to me to be highly instructive.

Case.—In the autumn of last year I was consulted by an elderly gentleman, aged 75, who was suffering from severe spasmodic pains, referred to the region of the stomach and diaphragm, and shooting through the chest and back. I ascertained that the patient had during the past summer resided for a short time in Holland, where he had suffered from an attack designated by his medical attendant there, *gastro-enteritis*, for which he was bled, blistered, placed on low diet, and treated generally by antiphlogistic remedies. That attack had passed off, leaving him weak, and subject at long intervals to slight spasmodic attacks on his return to London.

The sufferings on my first visit were relieved by opiates and calomel; but they very soon recurred, and were accompanied by slight jaundice. The stools, however, indicated no lack of bilious colouring, although bile was to be detected in the urine. After a time these attacks came to be preceded by rigors, but the intervals were long, sometimes a fortnight or more; the associated yellowness of the eyes and skin entirely disappeared during these intermissions; the alvine dejections presenting a healthy colour, and the urine being free from bile. Proofs of the existence and passage of gall-stones were most carefully sought, but in vain; nor could any tumour or sensitiveness of the liver be detected. As the remedies I employed appeared to produce little effect and the diagnosis was not very clear, Dr. Paris was consulted, and continued in attendance upon the patient with me for several weeks. I need not say that the most judicious and skilful measures were prescribed and diligently pursued. Quinine, bark in other forms, and a mercurial course, pushed so far as to touch the gums, were among those measures. There appeared so far a change for the better, that the intervals between the attacks became longer, and the paroxysms less severe, so that Dr. Paris ceased his attendance. But in January, 1850, the symptoms recurred with greatly increased severity; the rigors and spasms were intense, attended with a sense of constriction and obstruction to the breathing, vomiting of all the food taken before the accession of the attacks, and accompanied by jaundice, and considerable discharges of bile by stool, and urine. When the intervals extended to two or three days, the skin and urine became freed from the presence of bile, but they were always again imbued with it, by and immediately after the attacks. That some disorganization was proceeding in the liver, probably by the formation of abscesses, was a necessary inference. The patient's strength failed, his appetite was gone, and the loss of flesh was considerable. At length the rigors, &c., recurred two or three times within twenty-four hours. Dr. Paris was again called in; again the patient was mercurialized, and it was found indispensable to have constant recourse to opiates to abate his sufferings.

After a few weeks the case appeared hopeless; a tumid state of the liver with great tenderness of the organ was manifest, and from confinement to his room, the patient sunk until he could not leave his bed. At this juncture, Dr. Bright was consulted, and his opinion coincided with ours, that there was a fatal disorganization of the liver, probably abscesses; but the measures he suggested having failed to procure any relief, there appeared to us nothing left but to assuage the patient's sufferings as much as possible with opiates, and to await the termination, which we all regarded as surely fatal.

As I had all along connected the symptoms with the patient's residence in Holland, and considered the case at the beginning to be referrible to the ordinary causes of intermittents, although we had watched in vain through the illness for evidence of something like regularity of intermissions; I proposed to a member of the patient's family, who had some knowledge of medicine, as a *dernier ressort*, to try the effects of arsenic in full doses; but I warned him against attributing blame to the medicine, should the patient be carried off in a paroxysm, which appeared the most probable event. My proposal having been acceded to, I commenced the administration of the arseniate of soda, in doses of $\frac{1}{12}$ of a grain, repeated three, four, or even six times in the twenty-four hours, if the intermissions from the attacks permitted it to be given at intervals of two or three hours to that extent. Dr. Billing was then called in consultation, and as he fully concurred with me in the propriety of continuing the arseniate of soda, it was given until it produced marked and considerable œdema of the face and extremities. Simultaneously with this evidence of the full action of the arsenic on the system, the symptoms abated in severity, the rigors and spasms grew fainter, and returned at longer intervals, and in about fourteen days had entirely disappeared, together with the jaundice. The patient's appetite now returned, the tenderness and tumour of the liver gradually subsided, and by the end of May, the patient had regained his flesh, his strength, and was shortly able to resume his business. This entire convalescence was of course slow, under the use of mild tonics and a nutritious diet, but it was not accompanied by any return of the rigors or spasms. The result of the administration of the arsenic in this case was the more gratifying, as the great age of the patient seemed to throw a great weight into the scale against the efficiency of any remedial agency in our power to employ. He continues at present (December, 1850), in excellent health.

As must necessarily happen when our remedies prove successful, no perfectly satisfactory inferences can be drawn as to the organic condition of the organ affected in this case: was it mere tumefaction of the liver?—were there hydatids? I am inclined to believe that the latter is the true explanation, and that either as the cause, or as the concurrent effect of this cause of intermittent fever, hydatids existed in the liver, and were destroyed by the arsenic; which thus cured the disease.

(*To be continued.*)

MEDICAL INTELLIGENCE.

LUNATIC ASYLUMS FOR ENGLAND AND WALES.

The Parliamentary paper, containing an abstract of accounts of moneys paid and received during the past year, 1849, for the county and borough lunatic asylums for England and Wales, is now before us. It was ordered to be printed July 29th, 1850. The following is an abstract of its contents with remarks. The receipts for Bedford Lunatic Asylum amounted to 6,866*l.* 1s., including 4,896*l.* 1s. 10d. received for pauper lunatics. The expenditure was 6,751*l.* 11s. 2d., leaving a balance in hand of 114*l.* 9s. 10d. The salaries and wages amounted to 879*l.* 0s. 9d.; the expenses for the surgery and dispensary to 71*l.* 16s. 1d. There is an item in the reports from all the asylums which admits or rather requires explanation; in that for Bedford it stands thus:—necessaries, &c., 470*l.* 2s. 9d.; in the Middlesex account it amounts to 1,882*l.* 16s. 5d., while in that for Hull it is marked at 58*l.* 14s. 1d.; and at the Salop and Montgomery Asylum it is lumped together with provisions, at 2,353*l.* 3s. 7d. It does not mean medicines, provisions, clothing, furniture, bedding, funerals, buildings, farming, nor even the expressive word sundries, which swallows up all the odd cash; for that makes its appearance under the disguise of miscellaneous, and, generally speaking, to a large amount, as, for Bedford, 492*l.* 11s. 3d. The total receipts for Chester amounted to 4,915*l.* 19s. 6d., including 378*l.* 6s. 8d. for the maintenance of private patients, and 3,116*l.* 17s. 11d. for paupers. The total expenditure was 3,498*l.* 11s. 3d., including 866*l.* 9s. 6d. for salaries and wages, 220*l.* 2s. 10d. necessaries, 16*l.* 17s. 10d. surgery and dispensary, and 126*l.* 7s. 8d. miscellaneous; the balance in hand was 1,417*l.* 8s. 3d. For Cornwall, the total receipts were 8,197*l.* 14s. 11½d., including 829*l.* 5s. 10d. maintenance of private patients, and 2,593*l.* 1s. for paupers. The total expenditure was 7,697*l.* 3s. 9d., including 1,044*l.* 17s. 1d. for salaries and wages, 259*l.* 0s. 10¼d. necessaries, 45*l.* 15s. 11½d. for surgery and dispensary, and 119*l.* 19s. 6¼d. miscellaneous; balance in hand, 500*l.* 11s. 2½d. The total received for Devon amounted to 9,445*l.* 0s. 5d., including 376*l.* 0s. 8d. for private, and 7,427*l.* 19s. 11d. for pauper patients. The total expended was 8,621*l.* 12s., including 1,458*l.* 12s. 9d. for salaries and wages, 952*l.* 7s. 5d. necessaries, 151*l.* 7s. 2d. surgery and dispensary, and 133*l.* 8s. 11d. miscellaneous; balance in hand, 823*l.* 8s. 5d. For Dorset, the total received was 3,351*l.* 19s. 2d., including 2,810*l.* 5s. 11d. for pauper patients; nothing for private ones. The total expended was 3,100*l.* 14s. 6d., including 654*l.* salaries and wages, 328*l.* 5s. 11d. necessaries, 149*l.* 17s. 10d. surgery and dispensary, 181*l.* 6s. 1d. chronic patients at Fisherton Asylum, and 66*l.* 2s. 10d. miscellaneous; balance in hand, 251*l.* 4s. 8d. The total receipts for Gloucester were 16,264*l.* 10s. 1½d., including 2,768*l.* 13s. 10d. for private, and 5,955*l.* 14s. 5d. for pauper patients. The total expense was 13,338*l.* 15s. ¼d., including 1,558*l.* 13s. 4d. money invested, 1,610*l.* 12s. 4d. salaries and wages, 768*l.* 17s. 1½d. necessaries,

130*l.* 3s. 8d. surgery and dispensary, and 1,621*l.* 1s. ½d. miscellaneous; balance in hand, 2,925*l.* 15s. 1¼d. The total received for Hull, was 1,093*l.* 8s. 2d.—consisting of 1,090*l.* 4s. 10d. received for paupers, and the sum of 3*l.* 3s. 4d. from sales, produce of labour, &c. The expenditure amounted to 890*l.* 8d., including 270*l.* 11s. 8d. salaries and wages, 58*l.* 14s. 1d. necessaries, 13*l.* 13s. 11d. surgery and dispensary, 62*l.* 10d. miscellaneous; balance in hand 203*l.* 7s. 6d. The receipts for Kent were 9,443*l.* 4s. 6d., 8,808*l.* 8s. 7d. received for pauper patients being included; total expenditure 8,558*l.* 4s. 11¾d., including 2,190*l.* 5s. 8½d. salaries and wages, 1,201*l.* 10s. 8¼d. necessaries, 67*l.* 13s. 9d. surgery and dispensary, miscellaneous 275*l.* 5s.; balance in hand 884*l.* 19s. 6¼d. In Lancaster, the total receipts were 28,577*l.* 11s. 2d., including 23,838*l.* 12s. 11d. received for pauper patients. Total expenditure 29,953*l.* 11s. 2d., being in excess of receipts by 1,376*l.* due to the treasurer. In the expenditure is included a debt of 3,652*l.* 16s. 6d. due to the treasurer for the previous year, 3,186*l.* 19s. 4d. salaries and wages, 945*l.* 12s. 10d. necessaries, 109*l.* 5s. 1d. surgery and dispensary, 471*l.* 1s. 4d. miscellaneous, and finally 7,164*l.* 8s. 6d. paid to the proprietors of Haydock for maintenance of patients. For Leicester the receipts were, 13,082*l.* 7s. 6d., including 1,381*l.* 18s. 2d. from private, and 3,278*l.* 14s. 2d. for pauper patients, and also 2,624*l.* 9d. from sale of India bonds. The total payments were 11,638*l.* 7s. 9d., including 1,034*l.* 2s. 5d. salaries and wages, 572*l.* 7s. 7d. necessaries, 103*l.* 1s. 10d. surgery and dispensary, and 100*l.* 18s. 3d. miscellaneous; balance in hand 1,443*l.* 19s. 9d. The whole amount received during the year for Middlesex, was 25,419*l.* 1s. 9d., 22,311*l.* 17s. 8d. being paid for pauper patients; the payments amounted to 24,537*l.* 18s. 2d., including 4,952*l.* 13s. 8d. for salaries and wages, 1,882*l.* 16s. 5d. necessaries, 972*l.* 8s. 7d. surgery and dispensary, and 765*l.* 11s. 11d. miscellaneous; balance in hand 881*l.* 3s. 7d. For Norfolk, the amount received was 5,450*l.* 18s. 7d., including 3,852*l.* 14s. 3d. for paupers. The amount expended 5,514*l.* 16s. 11¼d., including 399*l.* 8s. 8¾d. balance due to the treasurer the previous year, 784*l.* 5s. 11d. salaries and wages, 386*l.* 12s. 1½d. necessaries, 47*l.* 12s. 9d. surgery and dispensary, and 126*l.* 17s. 1d. miscellaneous; the balance against the funds of the asylum amounted to 3*l.* 18s. 4½d. The amount received for the asylum at Nottingham, was 8,573*l.* 18s. 3d., including the sum of 1,732*l.* 12s. 9d. for private, and 5,162*l.* 9s. 10d. for pauper patients. The expenditure amounted to 8,288*l.* 8s. 7d., inclusive of 59*l.* 5s. 11d. money invested; 931*l.* 10s. 7d. salaries and wages; 636*l.* 18s. 3d. necessaries; 90*l.* 9s. 10d. surgery and dispensary; 243*l.* 1s. 1d. miscellaneous; and 101*l.* 1s. 9d. physicians' fees—sundries for private patients; balance in hand, 285*l.* 9s. 8d. For North Wales, the total amount received, was 6,082*l.* 11s. 2d., including 120*l.* 17s. 10d. for private; 1,435*l.* 17s. 4d. for pauper patients. The expenditure amounted to 5,965*l.* 6s. 8d., including 802*l.* 12s. 2d. due to the treasurer for 1848; 642*l.* 3s. 5d. salaries and wages; 226*l.* 10s. 1½d. necessaries; 12*l.* 10s. 0½d. surgery and dispensary; 125*l.* 18s. miscellaneous; balance in hand, 117*l.* 4s. 6d. For Oxford, the total amount received was, 7,574*l.* 13s. 4d., including 6,864*l.* 4s. 4d. for pauper patients. The total expended was, 6,664*l.* 13s. 7d., inclusive of 1,316*l.* 18s. 9d. salaries and wages; 1,198*l.* 10s. 6d. necessaries; 121*l.* 12s. 8d. surgery and dispensary; and 194*l.* 11s. 8d. miscellaneous; balance in hand, and cash in the hands of the housesteward, 909*l.* 19s. 9d. For Salop and Montgomery, there was received 4,035*l.* 0s. 6d. inclusive of 3,615*l.* 4s. 3d. for pauper patients; 123*l.* 1s. 6d. from the county treasurer for the same purpose. The expenditure amounted to 4,035*l.* 0s. 6d., including a balance of 43*l.* 10s. 5d. due December 1848; 738*l.* 10s. 8d. salaries and wages; 2,353*l.* 3s. 7d. provisions and necessaries; 70*l.* 7s. 6d. surgery and dispensary; and 466*l.* 13s. 10d. miscellaneous. For Somerset, the total receipts were 7,386*l.* 11s. 5d., including 6,921*l.* 13s. 9d. for pauper patients. The total expenditure, 6,766*l.* 10s., inclusive of 1,201*l.* 2d. salaries and wages; 757*l.* 4s. 10d. necessaries; 184*l.* 6s. 11d. surgery and dispensary; and 14*l.* 17s. 11d. miscellaneous; balance in hand, 619*l.* 12s. 5d. The total receipts for Stafford lunatic asylum, amounted to 7,456*l.* 12s. 3d., including a sum of 2,273*l.* 19s. 8d. for private, and of 3,638*l.* 15s. 8d. for pauper patients. The expenditure amounted to 6,563*l.* 5s. 3d., and included 1,321*l.* 11s. 6d. salaries and wages, 291*l.* 3s. 10d. necessaries, 63*l.* 6s. 5d. surgery and dispensary, and 223*l.* 13s. 3d. miscellaneous; balance in hand, 893*l.* 7s. The total amount received for Suffolk was, 5,481*l.* 11s. 4d., of which 262*l.* 14s. 9d. were paid for private, and 4,210*l.* 1s. 1d. for pauper patients. The expenditure was 5,676*l.* 8s. 1d., including 114*l.* 18s. 8d. due to the treasurer in 1848; 953*l.* 12s. 6d. salaries and wages, 486*l.* 3s. 2d. necessaries; 80*l.* 10s. 9d. surgery and dispensary, and 330*l.* 12s. miscellaneous; balance against the institution, 194*l.* 16s. 9d. The Surrey asylum receipts amounted to 22,425*l.* 2s. 10d., of which 11,380*l.* 10s. 4d. were paid for pauper patients, and 5,500*l.* raised as a building loan. The expenditure amounted to 20,034*l.* 5s. 9d., and included the repayment of the loan; 2,465*l.* 0s. 9d., salaries and wages, 1,245*l.* 11s. 8d. necessaries, 131*l.* 4s. 8d. surgery and dispensary, and 156*l.* 3s. 7d. miscellaneous; balance in hand 2,390*l.* 17s. 1d. For North and East York Asylum, the receipts were 5,962*l.* 5s. 1½d., including 7*l.* 1s. 4d. for private, and 3,275*l.* 14s. 2d. for pauper patients. The expenditure was 5,962*l.* 5s. 1½d., including 1,021*l.* 16s. 4d. salaries and wages, 288*l.* 6s. 9d. necessaries, 15*l.* 4s. 4d. surgery and dispensary, and 76*l.* 0s. 5½d. miscellaneous. The report further gives 1,250*l.* 11s. 7d. balance on maintenance account, 2*l.* 5s. 4d. balance in steward's hands, and 87*l.* 12s. 8d. balance on construction account. The West York Asylum receipts for the past year were 11,511*l.* 11s. 11d., of which 11,433*l.* 15s. 4d. were for pauper patients. The expenditure amounted to 12,051*l.* 0s. 7d., inclusive of 1,261*l.* 16s. 11½d. balance due at the close of 1848, 2,016*l.* 15s. 4½d. salaries and wages, 905*l.* 10s. 7d. necessaries, 328*l.* 7s. 11d. surgery and dispensary, and 303*l.* 15s. miscellaneous; balance against, 539*l.* 8s. 8d. The total amount received was 218,597*l.* 14s. 11½d. Total received for private patients 10,131*l.* 11s. 6d., for pauper patients 148,522*l.* 1s. The total expenditure amounted to 206,065*l.* 10s. 0¾d., including 33,535*l.* 11s. 2d. salaries and wages, 16,635*l.* 13s. 11d. necessaries, 2,975*l.* 10s. 5¾d.* surgeries and dispensaries, 6,496*l.* 12s. 5½d. miscellaneous, 14,662*l.* 18s. 3d. balances in hand, 2,174*l.* 3s. 9¼d. balances against, and 1,617*l.* 19s. 3d. money invested.

The report we have just analysed is imperfect in many respects. We certainly learn the gross sums received and expended by the governors of the different lunatic asylums; but, in consequence of the number of patients in the houses not being mentioned, no average of weekly expenditure for each being struck,† and certain expenses being heaped together under the head of *necessaries* and miscellaneous, it is impossible to ascertain whether economy or extravagance has been the order of the day. It is remarkable that in only two instances have the managers of the asylums been enabled to invest money during the past year, while in several others the expenditure has exceeded the receipts. This affords *prima facie* evidence that the strictest economy has not been practised, and a careful comparative examination of the report, although it be made without the required assistance of the numbers of persons admitted as patients, and their keepers, will strengthen the impression. In working out the preceding analysis, we have been obliged to tabularise the respective headings of the items of receipts and expenditure, and the marked—the extraordinary differences in these respects, have excited our surprise. The varying extent of the asylum, and the greater or less number of persons to be provided for, will, in some measure, explain this, but we can hardly think that the immense differences in the amounts under the different items can be thus accounted for. For instance, under the head 'Surgery and Dispensary,' we have for Chester, the sum of 16*l.* 17s. 10d.; for Bedford, 71*l.* 16s. 1d.; for Devon, 151*l.* 7s. 2d.; for Hull, 13*l.* 13s. 11d.; and for Middlesex, the enormous sum of 972*l.* 8s. 7d. The asylum at Hanwell is certainly a most extensive one, but that the supply of drugs and surgical appliances should amount to such a sum for that institution, appears to us to be indeed surprising. The patients ought to live upon physic. We believe, however, that the excellent medical staff of that institution rely upon other than medicinal measures for cure, and that mental treatment is considered by them more efficacious than drugging the systems of their patients. Natheless, nearly a thousand pounds appear to have been expended in dosing the inmates of Hanwell. In only one other instance—that of West York—we believe, does the sum charged on this item amount to 200*l.* For North Wales, the expense is marked at 12*l.* 10s. 0½d., the total receipts being 6,082*l.* 11s. 2d., and the total expenditure being 5,965*l.* 6s. 8d., the total receipts for Middlesex, being 25,419*l.* 1s. 9d., and the total expenditure, 24,537*l.* 18s. 2d. If these respective sums be duly compared, it will be seen that the proportion borne to the receipts and expenditure by the expenses for the surgery and dispensary in North Wales, is very different to that borne

* In the Report from the Salop and Montgomery Asylum, the expenditure for *provisions* is added to that for *necessaries*, so that some deduction, how much we know not, is to be made from this total.

† The Report of the Metropolitan Commissioners in Lunacy, published in 1844, states, that in Bedford Asylum there were 139 paupers. The average cost of the pauper patients is not stated. In Chester Asylum there were 9 private and 155 pauper patients; in Cornwall, 20 private, 133 pauper patients; in Dorsetshire, 107 paupers; in Gloucester, 68 private, 189 pauper patients; in Kent, 249 paupers; in Lancaster, 611 paupers; in Leicester, 27 private, 104 pauper patients; in Middlesex, 975 paupers; Norfolk, 164; Nottingham, 52 private, 125 pauper; Stafford, 62 private, 183 pauper; Suffolk, 7 private, 206 pauper; Surrey, 382 pauper; and York, West Riding, 433 pauper.

to the same items by the surgery and dispensary charges for Middlesex. Again, we will take the two Asylums in Yorkshire: the receipts and expenditure for the North and East York asylums, are within a fraction of 6,000*l.*; the surgery and dispensary charge is 15*l.* 4s. 4d.; the receipts for West York asylum are within a fraction of 12,000*l.*, the expenditure 50*l.* more than 12,000*l.*, that is to say, above double the receipts and expenditure for the North and East York Asylum. The charge for the surgery and dispensary for the latter we have stated to be 15*l.* 4s. 4d.; for West York Asylum the amount is 328*l.* 7s. 11d. If figures are of any use at all, this must show either extraordinary economy in the one instance, or extraordinary extravagance in the other. The dispensary charge for North and East York ought to have been, following out the due proportion of charges, 164*l.*, or that for West York should have been about 30*l.* This position, perhaps, may be strengthened by the consideration of another item: the amount for salaries and wages in the North and East York Asylum is 1,021*l.* 16s. 4d.—in the West York 2,016*l.* 15s. 4½d., or in other words, about double the charge for the North and East York, that being the proportion borne in the receipts and expenditure. If the proportions can be carried out so closely in one respect, it should be so in all. There are many other items in the Report, which, to our obscure minds, require explanation. In all money reports, we have certain sums in the expenditure lumped together as sundries, to a greater or less amount; but in this we have, in each instance, two such items under the respective heads of *necessaries* and *miscellaneous*. We have already commented on the item termed necessaries, and are quite at a loss to understand its meaning, as there are items besides under the head of expenditure for salaries and wages, provisions, clothing, furniture and bedding, funeral expenses, building and repairs, garden and farm, &c. Nevertheless, the item for necessaries is sometimes very high: for West York it amounts to 905*l.* 10s. 7d.; for North and East York, to 288*l.* 6s. 9d.; for Surrey, to 1245*l.* 11s. 8d.; for Oxford, to 1198*l.* 10s. 6d.; for Middlesex, to 1882*l.* 16s. 5d., nearly two thousand pounds; for Kent, to 1201*l.* 10s. 8¼d., notwithstanding there is also a considerable item for miscellaneous, which in the case of Middlesex, amounts to 765*l.* 11s. 11d., making a total of the two items for that county of 2648*l.* 8s. 4d. These items require explanation. Under the head of receipts, we find one called "Farm sales and produce of labour," of which we have an explanation in the column of expenditure of the following kind; "Garden and farm." It rarely happens that the receipts under this head equal the expenditure; but much more frequently the expenses greatly surpass the receipts derivable from this source. For instance, for Bedford, the receipts were 92*l.* 11s. 3d., the expenditure 57*l.* 10s. 3d.; for Chester, receipts 88*l.* 11s. 2d., expenditure 13*l.* 8s. 2d.; for Gloucester, receipts 230*l.* 14s. 4¾d., expenditure 174*l.* 10s. 1d.; for Lancaster, receipts 238*l.* 18s. 3d., expenditure 96*l.* 4s. 7d.; for Leicester, receipts 142*l.* 6s. 11d., expenditure 92*l.* 7s. 4d.; for North Wales, receipts 34*l.* 10s. 3d., expenditure 21*l.* 11s. 6d.; and for Surrey, receipts 208*l.* 19s. 5d., expenditure *nil;* for Hull, receipts 3*l.* 3s. 4d. expenses *nil.* From some of the asylums, unlike the last named, the receipts are *nil*, the expenses heavy: for Cornwall, for instance, expenditure 37*l.* 1s. 10½d, receipts none; for Devon, expenditure 62*l.* 3s. 1d., receipts *nil;* ditto for Dorset, expenditure, 248*l.* 7s. 11d.; and for Norfolk, receipts, *nil;* expenses, 74*l.* 13s. 5d. For Salop and Montgomery, and for Suffolk, neither receipts nor expenditure are recorded. The accounts for the remaining asylums show an expenditure far exceeding the receipts, several of them to a very remarkable extent. For Kent, the receipts are 148*l.* 11s. 4d., expenses, 400*l.* 15s. 9d., being more than double the profits (?) For Middlesex, receipts 108*l.* 10s. 9d; expenses, 973*l.* 13s. 2d., being nine times the amount of the returns; for Norfolk, receipts, 103*l.* 9s. 3d., expenditure, 1,106*l.* 11s. 9d., nearly eleven times the amount of the returns; for Oxford, receipts, 50*l.* 11s. 5d., expenditure, 92*l.* 16s. 5d., nearly double the returns; for Somerset, receipts, 55*l.* 9s., expenses, 467*l.* 2s., being more than eight times the amount of the returns; for Stafford, receipts, 12*l.* 5s. 11d., expenses, 352*l.* 3s. 3d., being about *twenty-eight times* the amount of the returns; for North and East York, receipts, 189*l.* 18s. 3d.; expenditure, 316*l.* 10s. 3½d., something less than double the returns; and for West York, receipts, 67*l.* 3s. 9d., expenses, 398*l.* 2s. 10d., being about seven times the amount of the returns. Total receipts, 1,829*l.* 10s. 2¾d., total expenditure, 4,985*l.* 13s. 8d., being nearly three times the amount of the returns. Although gardening and farming are excellent measures for occupying the minds of lunatics, and preventing them from brooding over their misfortunes and hallucinations, it must be evident that they are measures purchased somewhat expensively, while the extraordinary discrepances this analysis displays, demand explanation. Some of the asylums (Surrey and Hull) return a profit without any expenditure; some, those first mentioned, return a considerable profit over their expenditure; whilst others again, carry on their gardening and farming at a greater or less loss, the expenses, in some instances, being about double the returns; others, seven, eight, nine, and eleven times the amount of the returns, and one, the asylum for Stafford, about twenty-eight times that amount. Who can say that these matters do not demand a stringent inquiry?

HARVEIAN SOCIETY.

Fatal Case of Carcinoma of the Ileum, from Thickening of the Lower Portion of the Ileum, at its junction with the Cæcum, caused by Cephalomatous Deposit underneath the Mucous Membrane, with a large Tumour of the same character imbedded in the Folds of the Omentum, which surrounded and compressed the Caput Coli. By Dr. R. Hutchinson Powell.

E. M. aged 60, married, of nervo-bilious temperament, formerly living at Acton, stoutly made, was subject to torpid bowels from her youth, especially since her confinement some twenty years past, which required the daily use of aperient medicine. This became aggravated about six weeks previous to her death, but she was not confined to bed for more than a week previously, from which time she had no evacuation from the bowels, Had been treated by calomel and croton oil, followed by cathartic mixture and injections of turpentine and olive oil, but without effect, all medicine and aliment being rejected, and soon attended with feculent discharge from the stomach. Seen by me three days previous to her death. I found her much reduced, with constant vomiting; red, dry, chapped tongue; pulse frequent, small; compressible; countenance pinched; urgent desire to pass urine; not much pain on pressure over the abdomen, which was tympanitic, except over the right iliac region, which was dull on percussion; no abdominal tumour to be detected. Introduced catheter, after the use of a hip-bath, which gave much ease, but without bringing away any urine. Ordered fomentations with Ol. Terebinth. Introduced up the rectum œsophagus tube nearly a foot, and injected two or three pints of warm water, till the sense of pressure became inconvenient, but without bringing away any feculent motion.

Prescribed small doses of calomel and croton oil, with effervescing mixture, every second hour, also mercurial and camphor frictions every sixth hour. Next day found the patient more exhausted, with constant vomiting, very restless; pain over abdomen more decided, with increased distension; no action from the bowels; passed a little urine; pulse weaker and less frequent; patient quite collected, though very restless. Ordered to continue the mercurial frictions, and the powders in smaller doses, with half a grain of opium, and the effervescing mixture; beef-tea, and a little brandy and water as often as tolerated; beef-tea injections, with olive oil, every four hours, with occasional fomentations to the abdomen. Third day: moribund, but conscious; rejected all medicine and aliment, cold water alone grateful; pulse almost imperceptible. Patient took one more powder, with a quarter of a grain of Acet. Morph., which quieted the stomach and relieved abdominal pain: died in the night (sixty-six hours after I first attended her) perfectly conscious.

Post-mortem examination thirty-six hours after death.—Epiploon descending over the cæcum, containing a dense tumour, some six ounces in weight, in its interstices, surrounding and compressing the bowel. When incised the tumour was found to be cephalomatous. The lower ileum, some inches from the ilio-cæcal valve, was much thickened, and contained solid fecula. Mucous membrane dark, coats infiltrated with soft cancer. The cæcum distended with solid fecula. The folds of intestine injected at their free edges. The peritoneum injected, with encephaloid deposit underneath; some slight serous effusion.

Remarks.—How futile are all therapeutics with a *curative* view, how obscure and unsuccessful any diagnostic or *operative* procedure, the preceding case well illustrates. The fatal occlusion of the bowel was *directly* owing to the effects of cold, inducing febrile disturbance and intestinal congestion. The death was

more remotely the result of malignant deposit of slow growth. The lower portion of the ileum and cæcum will probably be found the seat of obstruction in most cases of ileus, where no immediate cause, productive of mechanical arrest, is in operation. Preventive means are the chief safeguard; violent measures being useless and objectionable, as aggravating both the disease and the patient's suffering. Surgical operation is rarely admissible, and past experience by no means recommends its further trial.

Carcinoma of the Right Lung.—I was called to visit a woman, aged 74 years, on the 26th of November, 1850. She had been an old servant, of middle height, sanguine temperament, and abstemious habits, some members of her family having died of phthisis pulmonalis. She had had an attack of acute rheumatism some two or three years previously, being subject to so-called asthmatic attacks, and to conjunctival inflammation. About three months before my visit I was informed that she ejected from the mouth a considerable quantity of florid blood; and, a day or two subsequently, took cold from exposure to rain, which brought on this fatal illness. I was told that the medical gentleman in attendance was of opinion that no disease of the lungs existed, but that her heart was the seat of her ailment. From further queries, I learned that she at first complained (after exposure to cold, &c.) of severe pain in the right side, which subsided after a little time; and that, after five or six weeks, her medical man discontinued attendance (resuming it prior to her death), partly as she was averse to ordinary medicine (*more homœopathiæ*), and because small benefit seemed to be derived from the means used, which consisted of little else than castor oil, and mustard poultices to the chest, with some pectoral mixtures, &c. I found the patient dozing, and was told that she had been, and continued to be, delirious for some days previously, the delirium being of a low, wandering character. She was roused up, and answered questions, though imperfectly: her posture, which was half-raised in bed, she was obliged to retain, as being subject to paroxysms of orthopnœa: her countenance was somewhat swollen; lips of a bright vermilion colour; pupils contracted; head cool, and little action in the temporal arteries. The feet and ankles were slightly œdematous; skin hot, and very dry; pulse about 100, small, compressible, and regular; tongue slightly furred, and readily protruded. There was difficulty of deglutition, and thirst; no pain on pressure over the abdomen, nor was the respiration abdominal; the bowels not being acted upon for some days, and the urine being highly coloured and rather scanty. On exploring the chest (the patient being with some difficulty placed in a suitable position, and otherwise unfavourably circumstanced for examination), the respiratory movements did not present much dissimilarity on either side—being, however, slightly diminished on the right: no dilation was present on this side, either of the intercostal spaces or parietes generally, which, however, seemed to remain in a partially fixed state, neither contracted nor dilated. On percussing the chest, complete dulness, both from light and heavier percussion, was found to exist, extending from the clavicle to the sixth rib, and from the sternum to the scapula, closely following the inferior boundary of the right lung. The left side of the chest contrasted remarkably in clearness, commencing accurately from the left half of the sternum, with the right side. The stethoscope detected little or no breath-sound over the right half of the chest, save a slight whiffing rale near the mid-sternum, and between the scapulæ; bronchial respiration and bronchophony being absent, as well as vocal vibration. The respiratory murmur was puerile and slightly rough over the left lung, and the cardiac sounds were natural in situation, extent, and character. There was but little cough, and slight expectoration, which, I was informed, was never sanguinolent, but opaque and viscid. Such was the previous history and present condition of the patient, collected as well as circumstances permitted. Now there were no less than six distinct abnormal states of the chest which would give the most marked physical aberration here present—viz., dulness on percussion. First: did it arise from pleuritic effusion? The accession of the attack, with pain in the side, and febrile symptoms, without much cough or expectoration, and the absence of bronchial respiration, vocal resonance, or vibration, seemed to favour this conclusion: but there was no intercostal or parietal dilatation from effusion, which most probably would have been present, from the continuance of the attack for three months, unchecked by constitutional treatment. Again: the thoracic parietes performed, though imperfectly, the normal movements; and, although the patient had had acute rheumatism, no organic disease of the heart remained to account for those congestive and effusive sequelæ usually resulting from cardiac disease. Moreover, no displacement of the heart took place. Secondly: was the dulness consistent with the existence of hepatization of the lung from pneumonia? Although some previous and present points in the case—such as the probable supervention of pneumonia on hæmoptysis, &c., might support this supposition, yet its protracted continuance, with undiminished dulness, nearly total absence of all sound derived from the respiration or voice, as well as the very general diffusion of the dulness over the entire right half of the chest, induced me to negative this conclusion.

Thirdly: was this state consistent with cirrhosis of the lung? a pathological condition so well described by Dr. Corrigan, of Dublin. This was negatived by the heart or sound lung not being dragged over to the affected side of the chest, accompanied with characteristic signs, and by the case being attended with acute symptoms, and still no pectoriloquy or breath sound present.

Fourthly: did the dull sound arise from malignant deposit in the lung, which might have given rise to the hæmoptysis, and congestion of the pulmonary or pleural tissues? But how account, under this supposition, for the great extent of the morbid sound on percussion, and for the absence of bronchial respiration, voice, or thrill? and the aspect of the patient did not strike me as that of carcinoma.

Moreover, fifthly: the patient's age rendered the existence of tubercle to this extent improbable.

Sixthly and lastly: was the dulness on percussion the result of pulmonary hæmorrhage or apoplexy? This, on the whole, seemed the most likely interpretation of the case. There was, however, no sanguineous expectoration throughout; and could effusion or consolidation of the pulmonary tissue possibly occupy the entire lung? I concluded, finally, that slight pleural effusion existed, as a consequence of preceding inflammation, attended with pulmonary congestion, succeeding to malignant deposit in the lung.

This view taken of the case was interesting more in relation with the diagnosis than as to the treatment, as it was evident that the patient's state was hopeless, and now insusceptible of remedy. A few doses of hyd. c. creta, with pulv. doveri, followed by castor oil; a blister on the right side; a supporting diet, with a mixture of carb. ammoniæ, tr. scillæ, tr. camph. comp., in camphor julep, constituting the treatment prescribed. The patient died two days subsequently, in a fit of orthopnœa.

The necropsy (thirty-six hours after death) cleared up much of the obscurity of the case.

On raising the parietes, the right lung was found adherent to the internal aspect of the sternum; it presented a whitish mottled appearance, and felt quite solidified from top to bottom. A vertical section disclosed a nearly uniform and extensive layer or deposit, resembling soft cartilage in consistence, and white marble in colour, the growth nearly replacing the pulmonary tissue, and appearing, as Dr. Symonds observes, "to have monopolized all the nutriment sent to the normal tissue, which has in consequence disappeared before it, and of which it has taken the mould."*

A section of the pulmonary tissue, not having any carcinomatous deposit, sunk in water, and seemed much congested, and of a dark colour; the smaller bronchial tubes were obliterated. The left lung was free from deposit, but was slightly congested, though a portion floated in water. Slight effusion existed into the right pleura. The heart was quite healthy, and of normal dimensions; as was the liver, save being a little deeper in colour than usual. No other parts were examined.

We could now account for many of the obscure circumstances attending this case. The perfect and extensive dulness on percussion was produced by the general carcinomatous deposition in the right lung, conjoined with its adhesion to the sternal pleura. Neither bronchial respiration nor broncophony was heard (no more than in pleuritic effusion, from the non-transmission of vibrations through a fluid medium), in consequence of the obliteration of the bronchial tubes. But as there was little effusion, no intercostal bulging or distension of the thoracic parietes existed, and the lung continued, though imperfectly, to follow the respiratory movements. The febrile symptoms were accounted for by the congested state of the non-cancerous portions of the right and left lungs, and by the slight pleuritic implication. So that a conjunction of the characteristic signs and symptoms of the several affections passed in review, was accounted for in a pretty satisfactory manner by the result of *post-mortem* inspection, which proved the partial existence of three out of the six states above referred to.

The case affords, amongst other circumstances worthy of remark, an instructive instance of the complicated form in which disease may present itself; and forcibly indicates the necessity of our opinion as to the nature of any particular case coming under observation, being based on a comprehensive review and consideration of the past and present state of the patient.

* 'Library of Medicine,' vol. i.

CORRESPONDENCE.

To the Editor of 'The Institute.'

Sir,—If the enclosed case presents any merit, will you do me the favour of publishing it in your valuable Journal?

I am, Mr. Editor, your obedient servant,

W. V. Gorham.

Having been requested to accompany a friend to visit T. M., of Iken, near Oxford, to meet Mr. Randall of the latter place, and to consult as to the propriety of an operation in a case of strangulated inguinal hernia, then under his charge, we did so, and found the patient with a large entero-epiplocele of the right side, which had been down for thirty hours, and which had frequently come down after hard work, particularly mowing, but had gone up on resuming the horizontal position with gentle pressure, excepting this time, where no means of his own produced any effect; and having been taken at his club-dinner, a short time after sitting down at the same, and having crawled into an out-house and remained there all night before assistance was given him, and medical advice received, placed him in a very dangerous state when Mr. Randall first saw him. On our arrival, we found the tumour very large and hard, the scrotum very tense, and the abdomen extremely tender; no attempt had been made to reduce the hernia by Mr. Randall ere this, on account of these symptoms, fearing to aggravate the man's sufferings by so doing. At the upper part, both anteriorly and posteriorly, there was a feeling of softness arising from a portion of intestine having protruded into the neck of the sac, and become doubled upon itself, like the letter S. Bleeding, the taxis, and the application of cold water from a large watering-pot, and from a height, having been employed for some time, with the body bent, and the legs placed some distance above the head without the slightest effect, led us to form an opinion as to the necessity of performing the operation for the removal of the stricture. Mr. Randall was, therefore, requested to make known to the man our opinion, and on returning to the room, when the man's attention was directed to Mr. Randall, I thought it better to try once more the taxis; the attention being diverted as above; the fear of being operated upon, and the cold being applied as before, the tumour made a peculiar gurgling sound, which once heard, is never forgotten; the hernia was reduced, and the poor fellow saved the danger of an operation.

The impression upon the minds of Mr. Randall, Mr. Bell, and myself was, that fear was the essential in reducing the hernia, although the above untiring means were also employed. Would it not be justifiable in other cases, to try the effect of the same agent, viz., fear, before proceeding to operate.

Aldeburgh, Suffolk, December 11th, 1850.

To the Editor of 'The Institute.'

Sir,—The interesting communication of Dr. Brown, of Leamington, appearing in your last number, would have been read by me with silent satisfaction, if an allusion to me did not require explanation.

Indebted as I feel to him for the kind and indulgent manner in which he spoke of my contributions, I find that he must have quoted my words from memory. For, in comparing the quotation with the original, there is an apparently small difference, which, however, removes the odium necessarily connected with these quoted words: "When the medical practitioners of this country will labour under a source of much embarrassment."

I have too great a respect for my English colleagues, to suppose them, collectively, "under a source of embarrassment."

If Dr. Brown will refer to the first number of 'The Institute,' page 6, he will read at the conclusion:—"As the daily increasing facilities of travelling render the spas of Germany continually more accessible, it would probably in a very few years prove a source of much embarrassment *to any medical practitioner*, if he be not in some degree acquainted with their respective virtues." He will thus perceive that I did not at all allude to "the faculty of this country;" but merely stated in general terms, that as people will be able to reach German spas so easily, it may be embarrassing, after some years, to be entirely unacquainted with their virtues.

Nothing would grieve me more, than if Dr. Brown, or any other colleague practising at an English watering-place, would think me capable of undervaluing other places or persons. All I wish is, to bring before my English confrères certain facts observed and recorded with more or less satisfactory explanations. My earnest endeavour is, to cause each spa to be considered as a remedy for *special* chronic diseases. But I am very far from wishing to place German spas over English, or from depreciating the healing sources of this country, and no one will be more pleased than myself to see the other residents of English spas place before their brother practitioners the respective merits of the spas at "home." The same arguments will hold good in one case as in the other. I think spas a great advantage in many intractable chronic diseases; and if I speak exclusively of *German* spas, it is, because I am more competent to occupy myself with them.

I can, however, have no interest in inducing patients to leave England for the restoration of their health. If Dr. Brown will kindly observe the spirit of my contributions, I hope he will find that I merely endeavour to put members of our profession into a position to judge for themselves, of the facts or allegations recorded concerning German spas; and he will agree with me, that if a person wishes to travel to a German spring, it will be more useful to select the appropriate one, than to leave the choice to chance, or to lay persons; on the other hand, I shall hail with great pleasure frequent contributions from English spa physicians; and thousands of invalids, who are unable or unwilling to leave the undeniable comforts of an English home, may find cures from long-standing harassing ailments, and be deeply indebted to such writings.

I purposely omit entering on the respective preference of English or German spas, because many years' observation of the efficacy of mineral waters has wrought in me the conviction, that they are each remedies *sui generis*, highly useful in certain complexes of morbid phenomena; the indications to be determined partly by their chemical constituents and partly by the recorded cases. The more, therefore, the knowledge of these natural curative agents extends, the greater will be the chance of recovery in many instances; and I conceive that, instead of a conflict between continental and English remedies, on the contrary the interest possibly excited by the foreign spas must positively draw increased attention to the English, and induce a greater desire of resorting to them.

Trusting that the above explanation will remove the misconception of your respected correspondent,

I remain, dear Sir, yours most sincerely,

S. SUTRO.

13, Broad Street Buildings, December 14th, 1850.

To the Editor of 'The Institute.'

Sir,—In the last number of your Journal, I find a case recorded in which secondary hæmorrhage occurred on the thirteenth day after delivery. Some remarks are added, with reference to the infrequency of this accident, as well as to the latest period at which it has been known to occur, the writer not having been able to find any cases recorded, in which it happened so late as the thirteenth day.

On the 13th December, 1837, I attended a woman in her confinement, who was the subject of this accident. There was nothing unusual about the labour, and the woman appeared to be doing quite well until the evening of the 28th of December, the *sixteenth* day after delivery, when I received a hasty summons. My patient had been sitting against the kitchen fire, when suddenly she was alarmed by a great gush of blood from the uterus. I found her in bed, on my arrival, with the usual symptoms attending profuse hæmorrhage. I find from my notes, that I stayed with her two hours; during which time I gave her two large doses of acetate of lead and opium, and applied the cold douche. I afterwards sent her the following mixture:—

℞ Plumbi Acet., gr. xvj.
Liquor. Opii sedat., ʒj.
Acid. Pyrolign., ʒj.
Aquæ Menth. Pip. ad ℥viij.

Sumat coch. ij. ampl. 3tiis horis.

I am pretty sure that this accident did not take place in consequence of suddenly leaving off any bandage, for if my patient wore one at all, it would be only for a few days after delivery. I do not recollect having met with any other cases of the kind in my practice, which has extended to about 1700 cases.

I am, Sir, your most obedient servant,

R. U. WEST.

Alford, Lincolnshire, December 14th, 1850.

To the Editor of 'The Institute.'

"The existence of hydatids in the liver cannot during life be very satisfactorily ascertained, until they attain a considerable size."—Dr. Gardner.

Sir,—Some time ago I was sent for to attend my friend Mr. Waggstaff, whom I found suffering the most intense anguish. He

was crouched down in bed with his hand before his stomach; he was bent double; he could not bear any person to walk across his bed-room; in a bath of cold perspiration; pulse small and frequent; tongue moist; had suffered similar attacks, which I attributed to gall-stones; conjunctiva at this time yellow, clay-coloured stools, porter-coloured urine, and all the usual symptoms of jaundice; he had applied hot fomentations and leeches.

I ordered him a grain of opium every half hour; not to attempt any medicine owing to the sickness. I saw him in about six hours; he was "all right;" he had only taken three pills. He felt something "give way" suddenly, and was instantly quite well, according to his own account. On the following day he had some aperient medicines, and passed several small skins, and one *whole hydatid*, about the size of a horse-bean. If he should have a return, I shall certainly recommend arsenic, according to Dr. Gardner's plan.

Isolated cases are seldom interesting; therefore do as you like with this.

I remain, Sir, yours obediently,
FRANCIS DAVIS.

Pershore, 18th Dec., 1850.

THE INSTITUTE MEDICAL JOURNAL.

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MEETINGS OF SOCIETIES.

MEDICAL SOCIETY, Saturday, December 21, at 8 P.M.
ZOOLOGICAL, Tuesday, December 24, at 9 P.M.
MEDICAL, Saturday, December 28, at 8 P.M.

THE INSTITUTE.

LONDON, SATURDAY, DECEMBER 21, 1850.

THE Bill for the Incorporation of the General Practitioners in Medicine, Surgery, and Midwifery into a distinct and independent College, as amended by the Committee, was finally sanctioned and accepted by the Members at large of the National Institute, at the adjourned general meeting held at the Hanover-square Rooms on Wednesday, the 11th of this present December. This meeting was specially summoned to consider the alterations suggested by the Committee as desirable to be made in some of the clauses of the Bill, before it was again introduced into Parliament; and the members of the Institute were duly advised, by public advertisement, that the main object of the meeting was to give its sanction to the emendations recommended by the Committee. We are informed by the report published in our last number, that the meeting was numerously attended, and that many provincial surgeons of acknowledged rank and importance in their respective localities were present, and took a lively interest in the proceedings. A resolution was passed unanimously accepting the amended Bill as the Bill of the National Institute, and to the support of this Bill the members of the Institute may be considered as now virtually pledged. So far, then, as the members of the National Institute, and also of the National Association, represented by the Institute, are concerned, there appears to be the most complete and satisfactory evidence of their being unanimous in their desire to be incorporated in a new and independent College; and we are gratified in being able at length to congratulate the very intelligent and energetic Executive of these bodies, on having succeeded in satisfying the numerous and important class in the Profession, whose opinions they represent, that the Bill they were deputed to prepare meets with the ready assent and concurrence of the members at large. We hope, in a few days, to have the amended Bill before us; and we shall make arrangements for reprinting it entire in our pages. We understand that our contemporaries will also be invited by the Council to adopt a similar course. This is just as it should be: a measure fraught with such important future consequences to the Medical Profession, should be fairly submitted to the scrutiny and examination of every party interested in the measure; and it is desirable that the utmost publicity should be given to it, both by the public, as well as by the medical press.

Before proceeding with our remarks, let us here pay a well-merited compliment to the Council of the National Institute, for the manly and most honourable course they are pursuing, in thus, at the outset, inviting the attention of the Profession to their proceedings in the way of Medical Reform. What a contrast does their open and candid conduct present to the secret, selfish, and underhanded policy adopted by the Council of the College of Surgeons, when perpetrating the recent alterations in the College Charter. All the procedings of the National Association and of the Institute have been open and above-board: the great Committee of the one Society, and the able and discreet Council of the other, have always advocated publicity as the firmest friend to truth; and they have denounced in the strongest terms the secret proceedings of the Council Board of the College of Surgeons, when contemplating the creation of a double order of surgeons, from the ranks of men in every respect equals. The Committee and Council have also been consistent in resisting the selfish attempt of the united Colleges to deprive the General Practitioners of the control and management of their own affairs; and, whilst advocating the propriety of responsible government as a vital element in all public institutions, they contemplate the most liberal and perfect reciprocity and freedom for all similarly-educated and similarly-tested medical men, in whatever part of the United Kingdom they may choose to practise. These principles have our cordial approbation; but as we shall have again occasion to revert to them, we, in the meantime, earnestly advise our readers to bestow a little time to the consideration of the Medical Reform question, as another session of Parliament will assuredly witness the revision of the inefficient and anomalous laws which now affect to govern the Medical Profession.

LIST OF THE MEMBERS OF THE GREAT NATIONAL ASSOCIATION.

(*Extracted from the 'Paper of Transactions,' dated July,* 1845.)

Continued from page 227.

Buckland, G. W., Shaftesbury, Dorset
Buckle, F., Romsey
Buckley, John, Rochdale
Buckley, N., Rochdale
Buckley, W. H. G., Bradford, Yorkshire
Bucknell, W., Bedworth, near Coventry
Bucknill, W., Nuneaton, Warwick
Budd, H., Worcester
Budd, R., Fawley, Hants
Budgett, John B., Hampstead
Bull, C., Diss, Norfolk
Bull, H. G., Hereford
Bull, J. H., Linfield
Bull, D., Silverstone, Northampton
Bull, W. G., Astrop, Banbury, Oxon
Bullar, Joseph, Southampton
Bullar, Wm., Southampton
Buller R., Bampton, Devon
Bullin, F., 26, Farrington street
Bulman, W., South Shields
Bulmer, George, Leeds
Buncombe, C. H., 27, Assembly row, Mile End
Bunker, Francis, Hornes Dale, Lewisham
Burchell, P. L., 1, Kingsland road
Burford, H. T., 81, Hamilton terrace, St. John's Wood
Burge, F. J., Hammersmith
Burgess, Joseph, 63, Park street, Grosvenor square
Burgess, F. J., Bishop's Waltham, Hants
Burgess, S., Frodsham, Cheshire
Burgess, William, St. Ann street, Liverpool
Burke, N., Courtesthorpe, Leicester
Burke, P., 13, Upper Montague street, Montague square
Burlton, T., Leominster
Burman, S., Wisbeach, Cambridge
Burman, G., Wath-upon-Dearne, near Rotherham
Burman, H., Kilton, Rutland
Burman, W., 12, Jewry street, Aldgate
Burnard, J. W., 69, Lisson grove, North
Burnett, Henry, Shaftesbury, Dorset
Burney, Edward, Croydon
Burridge, J. B., 4, Paragon place, Lock's fields
Burridge, J. E., Tooting, Surrey
Burrough, R. F., Dartmouth
Burroughs, J. B., Clifton, Bristol
Burroughs, W. G.
Burrows, J. C., Brighton
Burrows, T. A., Nottingham
Burrows, J., Great Orford street, Liverpool
Burrows, W., 1, Park street, Islington
Burt, G., 7, Crescent place, Newbridge street
Burt, S. J., Farringdon street
Burton, R. F., 12, Wade's place, Hackney road
Burton, J. M., Croom's hill, Greenwich
Bury, R., Ober Darven, Lancashire
Bush, W., Bath, Senior Surgeon to the Walcot Dispensary, and Medical Officer to the Bath Union
Bush, W. M., Kensington
Bushby, R. A., Leamington, Warwick
Bushell, T., 117, Crawford street
Butcher, Henry, Ware, Herts
Butler, C., Ingatestone, Essex
Butler, Wm. H., Guildford
Butler, C. H., Ingatestone, Essex
Butler, G. C. H., Castle Town, Isle of Man
Butler, J. Beeston, Notts
Butler, W. H., Guildford
Butler, W., Ingatestone, Essex
Butler, G. H., 18, Virginia terrace, Dovor road
Butler, J., 34, Seething lane, Tower street
Butt, Edward, Great Stanhope street, Bath
Butterworth, J., Iver, Bucks
Button, G. P., Dorset County Lunatic Asylum
Buxton, J., 5, Brownlow street, Holborn
Byam, W. J., 34, Welbeck street, Cavendish square
Byass, James, Rayleigh, Essex
Byass, T. S., Cuckfield
Byerly, Isaac, Upton, Cheshire
Byles, S., Hackney road
Camplin, J. M., 11, Finsbury square
Cantis, H., 8, Maddox street, Regent street
Caddy, E. H., Great Torrington, Devon
Callender, E., South Shields
Calthorp, J. H., Bottisham
Calthorpe, W. C., Croyland, Peterborough
Camden, G. J. S., Hounslow
Cameron, Donald, Moroun, Isle of Man
Cammack, R., Spalding, Lincoln
Campbell, —, Holmesforth
Campbell, R. L., 35, Great Portland street
Campbell, T. T., 2, Burton crescent
Campbell, J., 7, Great Chapel street, Westminster
Camps, T., Fenny Stratford, Bucks
Campsall, Joseph, Chapeltown, Sheffield
Cane, W. H., Uxbridge
Cantley, H., Hedon
Cantrell, T., Ashby-de-la-Zouch, Leicestershire
Canwood, Robert, Barnsley, Yorkshire
Cappur, R. T., 8, Lower Brook street
Carlile, John Burford, 57, Berners street
Carnes, J., Coxhoe, Durham
Carpenter, A., Rothwell, Northampton
Carpenter, W. G., 1, West street, Finsbury square
Carr, D. M., Morpeth
Carr, I., West Cowes
Carr, W., Gomersal
Carrington, B., 5, Windsor place, Pentonville
Carruthers, —, Redman's row, Mile End road
Carruthers, Wliliam, Halton, near Runcorn
Carson, James (M.D.), Seymour street, Liverpool
Carter, C. H., Pewsey, Wilts
Carter, H., Portsea, Hants
Carter, I., Ulverstone
Carter, T., Newbury
Carter, W., New Brentford
Carter, Saml., 9, Tabernacle square, Finsbury
Carter, Wm. G. 21, Aberdeen place, Maida Hill
Cartwright, A., Birmingham
Cartright, J. T., Wolverhampton
Cartwright, W. A., Teignmouth, Devon
Cary, W. H., Woodford, Essex
Case, Thos., Runcorn, Cheshire
Case, Wm., Fareham, Hants
Casey, J., St. Helen's, Lancashire
Cass, W. E., Goole, Yorkshire
Cass, W., Cowes, Isle of Wight
Casson, Edwin, Bradford, Yorkshire, Senior Surgeon to the Bradford Infirmary
Casson, R., 22, Gracechurch street
Castles, R.
Cathrow, W., 42, Weymouth street, Portland place
Caton, Richard (M.D.), Bradford, Yorkshire
Cattermole, J., 50, Albany road, Camberwell
Cattle, T., Braunston, Northampton
Cattlin, W. N., Dispensary, Holloway
Candle, E., 18, Great Guildford street, Borough
Caunt, J., Nottingham
Caw, Alexander, Park road, Liverpool
Cawley, J., Brailes
Cawrence, Leonard A., Dodhead, St. Andrew, near Shaftesbury
Cawthorne, B., Normanton, near Wakefield
Ceeley, J. H., Aylesbury, Surgeon to the Bucks Infirmary
Ceeley, R., Aylesbury, Surgeon to the Bucks Infirmary
Chadwick, N. F., Royton
Chadwick, P. C., Wrington, near Bristol
Chadwick, S. T., Bolton-le-Moors
Chaldecott, W., Dorking, Surrey
Challice, J., 2, Crucifix lane, Bermondsey
Chalmers, D., Everton, near Liverpool
Chalmers, W., Croydon
Chambers, John, Trafalgar place, East Hackney
Chambers, H., 34, Surrey place, Old Kent road
Chambers, C., Bloxam, Oxon
Chambers, Henry, Hopton Harling, Suffolk
Champness, H. M., Slough, near Windsor
Chandler, T., 58, Paradise street, Rotherhithe
Chandler, B., 46, Weymouth street
Chandler, A. T., Godalming
Chandler, F., Godalming
Chandler, J. M., Bristol
Chapman, G., Welham bridge, East Retford
Chapman, J. S., Peel, Isle of Man
Chapman, J., Hounslow
Chapman, W., Norwood Green
Chappell, J. C., 27, Jermyn street
Chater, G., Norwich
Chatto, J., 23, Coram street
Chaud, H., Brigstock, Thrapston
Chavasse, C. A., Litchfield
Cheatle, Thomas, Burford, Oxon
Cheetham, S. H., Bridge street, Heaton Norris
Cheetham, T., Higher hill gate, Stockport
Chesterman, T., Banbury, Oxon
Cheyne, R. R., 43, Berners street, Oxford street
Chinery, E., Lymington, Hants
Chippendale, S. D., 43, Burr street, Aldgate
Chilver, T. F., 14, New Burlington street
Chisholme, A. B., 32, Devonshire street, Portland place
Chittenden, J. F., 71, High street, Whitechapel
Cholmondley, J. 3, Nottingham place, New road
Chowne, C. E., 48, Hertford street
Christian, Thomas, Ramsey, Isle of Man
Churchill, H., Clapham road

Clacat, Willm., Ramsey, Isle of Man
Clapcot, J. J., Sturminster, Newton Dorset
Clapham, H. C., 29, Francis street, Tottenham court road
Clark, H., Southampton
Clarke, Charles
Clarke, C. C., Twickenham
Clarke, H., Bristol, Surgeon to the Infirmary and Lecturer on Surgery at the Medical School
Clarke, J., Weldon, Northampton
Clarke, J., Huddersfield
Clarke, J., Linton, Cambridge
Clarke, Thomas, Wellingborough, Northampton
Clarke, W., Sutton, Surrey
Clarke, —, Huddersfield
Clarke, Joseph, 50, Sloane street, Chelsea
Clarke, H. St. John, 39, Cursitor street
Clarke, B., Jun., Mare street, Hackney
Clarke, C. E., 10, Lower Grosvenor place
Clarke, J. F, 23, Gerrard street
Clarke, J., 3, York place, Kingsland road
Clarke, J. S., Barnsbury road, Islington
Clarke, J. A., 11, Warwick street, Belgrave road
Clarkson, W. N., Whitby, Yorkshire, Medical Officer of the Egton District of the Whitby Union
Clay, R. R., Springfield place, Wandsworth road
Clayton, James, 3, Percy street, Bedford square
Clayton, O., M.P., 3, Percy street, Bedford square
Cleaver, H., Croydon
Cleland, 118, Cock hill, Ratcliffe
Clements, J., Carshalton, Surrey
Clifford, J., 5, Inner temple lane, Fleet street
Clifton, N., 38, Cross street, Islington
Clifton, N. H., 38, Cross street, Islington
Clifton, A. C., Welwyn, Herts
Clifton, J.
Clough, C., Southport, near Ormskirk
Clough, C., Huddersfield
Clowes, F., Bowness, Westmoreland
Clowes, W., Stalkham, Norfolk
Clubbe, W., Acton
Cobbe, C., Bedford place, Kensington
Cochrane, George, Hulme, Manchester
Cockcroft, W., Catterick, Yorks
Cocke, Thomas, Chapel, near Coggleshall, Essex
Cocke, A., 7, Ulster place, Regent's park
Cocke, A., 32, Howland street, Fitzroy square
Cockell, E., Dalston
Cockell, E., Jun., 6, Queen's row, Dalston
Cocker, J., Blackpool, Preston, Lancashire
Cockey, —, Frome, Somerset
Cocking, J., East Retford
Cockle, J., 107, Guildford street
Cocks, I., Hatfield, Broad Oak, Essex
Cocks, T., Hatfield, Broad Oak, near Harlow, Essex
Cocks, W. L., Mount Pleasant, Liverpool
Codrington, G. T., Lyme Regis, Dorset
Coham, J. J., 27, Dorset place, Portman square
Cole, F., Odiham, Hants
Cole, G., Ely, Cambridgeshire
Cole, J., Chertsey
Cole, T. M., Kirby Moorside, Yorkshire
Cole, W., Jun., Pickering, Yorkshire
Coleby, J., North Walsham
Colegrave, John, Bloxham
Coleman, M. T., Hampton Wick
Coleman, T. C. T., Wymondham
Coleman, W. J., Horsham
Coleman, C. H., Wolverhampton
Coles, W. F., Cerne Abbas, Dorset
Coley, J., Bridgenorth, Salop
Collambell, C., 7, Canterbury place, Lambeth
Collenette, B., Guernsey
Collier, T., Towcester, Northamptonshire
Collinson, A., 1, Monmouth place, Old Kent road
Collingwood, J., Corby
Collins, R., Chew Magna, near Bristol
Collison, R., Newport Pagnell, Bucks
Collyer, G., 24, Old street road
Collyns, W., Kenton, Devon
Colsten, Peter, Husband's Bosworth, Welford
Colthurst, John Clifton, Surgeon to the Dispensary, and late Lecturer on Anatomy at the Bristol Medical School
Combe, H., 2, Caroline street, Bedford square
Complin, E. T., 24, Charterhouse square
Conaley, J., 46, Great Ailie street, Goodman's fields
Congdon, W. G., Penzance
Conway, J. P., Ballscott
Cook, J., Newent
Cooke, C. J., Clay next the sea, Norfolk
Cooke, F., Ashton-under-Lyne
Cooke, M., Barnstaple, Devon
Cooke, Thomas, Northampton
Cooke, —, Cranbrooke, Kent
Cooke, R. H., Church street, Newington
Cooke, S., (— Dermott's Esq.) Charlotte street, Bloomsbury
Cooke, T. C. W., Royal Free Hospital, Gray's inn road
Cooke, William, 43, St. Mary Axe
Cooke, William, 39, Trinity square, Tower hill
Cooke, William Martin, 39, Trinity square, Tower hill
Cooke, W. H., 80, York road, Lambeth
Cookson, G., Ramsey, Isle of Man
Cookson, T. J., Regent road, Salford
Coombe, R., Wimborne, Dorset
Cooper, A., Leicester
Cooper, C., Stourbridge
Cooper, E., Norwich
Cooper, Francis, Southampton
Cooper, G. T., Wolverhampton
Cooper, J., Filby
Cooper, R. H., Ixworth, Suffolk
Cooper, R. S., Bilston, Stafford
Cooper, W., Martham, near Yarmouth
Cooper, W., Feckenham, Worcester
Cooper, W., Norwich
Cooper, T. H., Camden Town
Cooper, Augustus, 1, Wellington terrace, Clapham rise
Cope, J. S., Wareham, Dorset
Copeman, E., Cottishall
Copland, Oswald, Chelmsford, Essex
Corey, —, East Grimstead
Corey, E. A., 7, Clark's terrace, Cannon street road
Corfe, G. B.,
Corfe, G. B., 7, Hanover buildings, Southampton
Corke, J., Cranbrook, Kent
Cornelius, C., 101, Goswell street
Cornelius, J., 101, Goswell street
Cornish, F. C., Kingsbridge, Devon
Cornwall, C., Jun., Fairford, Gloucester
Cornwall, J., Fairford, Gloucester
Corrie, Joseph, Thornton, near Bradford
Cort, H. H., 34a, York street, Portman square
Cortis, W. L., Filey, Yorkshire
Cory, H. G., Holsworthy, Devon
Cory, S. S., Allington, Bridport
Costall, Joseph, Market Overton, Rutland
Cottle, J. M., Leamington, Warwick
Cottle, T. G., Cheltenham
Couch, R. Q., Penzance
Couchman, R., Bedford
Coultate, W. M., Burnley, Yorkshire
Courtenay, J., 5, Finsbury terrace, City road
Covey, W. H., 42, Charing cross
Covey, J., Alresford
Coward, H., North Shields
Coward, J. E., Tiverton
Coward, W., South Shields
Coward, Charles Toogood, 9, Smith street, Chelsea
Coward, J. W. S., 11, Minerva terrace, Barnsbury park
Coward, T. C., 5, High street, Stepney
Coward, W., 11, De Beauvoir square, Kingsland
Coward, G. W. H., 6, St. John's place, Hoxton
Cowdry, T., Torrington
Cowel, T., St. George's hospital
Cowherd, J., Kendal Dispensary, Westmoreland
Cowherd, T. B., Kendal Dispensary, Westmoreland
Cowley, G., Winslow, Bucks
Cowperthwaite, J., Dalton-in-Furness, Lancashire
Cox, F., Welford, Northampton
Cox, W. A., Bath
Cox, W. W., Turnham Green
Crable, W., Acton
Craddock, C., 6, Chapel place, Cavendish square
Craig, Robert, Backworth, Newcastle-on-Tyne
Craig, John, Russell street, Liverpool
Craine, R. E., Ramsey, Isle of Man
Crawford, H., Canterbury
Creary, W. E., Edenbridge
Crellin, F., Hamble, Hants
Cremer, R., Chelmsford, Essex
Crickmay, E., Norwich
Crigedr, J., Castletown, Isle of Man
Cripps, Frederick, 111, Dale street, Liverpool
Crisp, B. T., Harlestone
Crockford, G. M., Heytesbury, Wilts
Croft, C. P., Newark-upon-Trent
Crofts, W., Highworth, Wilts
Croker, John G., Bovey Tracey, Chudleigh, Devon
Crompton, S., Manchester, Surgeon to Henshawe's Blind Asylum
Crook, J. M., House Surgeon, Royal Free Hospital, Gray's Inn road
Crooks, H., 47, George street, Portman square
Crosby, J., Great Ousebourne, Yorkshire
Cross, Charles, Stokenham, Dartmouth, Devon
Cross, W., Clifton
Crosse, T., Thorverton, near Exeter
Crosse, T. H. B.
Crossing, Thomas, Morice square, Devonport
Crowdy, C. W., Brixton hill
Crowme, J., Homerton
Crown, J., Stoke, Suffolk
Crozier, G., Hindon, Wilts
Cruikshank, R., Ramsey, Isle of Man
Cryer, Dr., Bradford, Yorkshire
Cullen, W. P., Sheerness
Culling, Robt., 34, Seething lane, Tower street
Cumming, W. S., 2, Vittoria place, Commercial road, east.

(To be continued.)

THE PHILOSOPHICAL GAZETTE.

Chemical Properties of the Medicinal Alkaloids.

(Continued from page 128).

IX. Chemical Properties of Atropine.

1. Atropine is the active principle of *Atropa Belladonna*; it has the composition

$$C_{34}, H_{23}, N O_6.$$

2. *Atropine* is met with in fine crystalline needles heavier than water, unchangeable in the air. It dissolves at ordinary temperatures in 300 parts of water, Alcohol dissolves it in all proportions.

At a temperature of 194°, atropine melts into a colourless transparent liquid which cools into a brittle mass. Kept for some time in a state of fusion, small needles grouped into stars are formed in the mass; at 284° it partly volatilizes, but becomes decomposed. Heated on platina it melts, puffs up, emitting white sparks, then inflames, burning with a very brilliant flame, and leaves a black charcoal.

3. Aqueous solution of atropine exhibits a strong alkaline reaction. Combined with acids, atropine forms neutral but uncrystallizable salts, which dissolve in water and alcohol readily, but less so in æther. These solutions evaporated *in vacuo*, dry into a colourless mass.

4. The hydro-chlorate of atropine behaves as follows with reagents. *Potash*, *ammonia*, and *carbonate of potash* give in concentrated solutions, precipitates soluble in excess of the precipitant. *Carbonate of ammonia*, *bicarbonate of soda*, and *phosphate of soda* fail to precipitate it.

5. *Chloride of gold* gives a yellow crystalline precipitate in solutions of hydrochlorate of atropine, difficult of solution in hydrochloric acid.

6. *Chloride of platinum* forms a pulverulent precipitate, soluble in hydrochloric acid.

7. *Chloride of mercury* precipitates only a very concentrated solution of hydrochlorate of atropine.

8. The double iodide of mercury and potassium forms a dense white precipitate, which agglutinates strongly on addition of hydrochloric acid.

9. Iodide of potassium, and sulphocyanide of potassium do not precipitate the salt in question.

Tincture of iodine causes a brown precipitate; iodic acid does not discolour it.

10. Tincture and infusion of galls precipitate hydrochlorate of atropine, with presence of free hydrochloric acid.

11. Picric acid forms a yellow precipitate.

12. Nitric acid causes no precipitate.

X. Chemical Properties of Aconitine.

1. Aconitine, the alkaloid of *Aconitum Napellus*, is an uncrystalline white powder, without odour and unchangeable in the atmosphere; its composition is represented by the formulæ—

$$C_{60}, H_{47}, N O_{15}.$$

2. Aconitine is heavier than water, in which it dissolves slowly; it neutralises acids completely, forming, however, uncrystallisable salts.

3. Heated on platina foil it fuses readily, burns and leaves a residue of charcoal. It cannot be even slightly volatilized. It melts at 176°, and cooling, forms a vitreous transparent mass; at 248° it turns brown.

4. Aconitine is soluble in water, alcohol, and ether; its solution manifests a powerful alkaline reaction.

5. Hydrochlorate of aconite has the following reactions :— Potash, carbonate of potash, and ammonia, form in its solution a precipitate, white, flocculent and little soluble in excess of the precipitant.

6. It is not precipitated by carbonate of ammonia, bicarbonate of soda, or phosphate of soda.

7. Chloride of gold yields a yellow-white precipitate, difficultly soluble in hydrochloric acid.

8. Chloride of mercury and sulphocyanide of potassium yield white precipitates.

9. Tincture of iodine gives a precipitate the colour of kermes. Tincture of galls and gallic acid precipitate the aconitine in presence of excess of hydrochloric acid.

10. Picric acid forms in it a dense sulphur-yellow precipitate.

XI. Chemical Properties of Daturine.

1. *Daturine.* The alkaloid of the *Datura Stramonium* exists in the form of small brilliant needles united in tufts. Its composition is represented by the formula

$$C_{34} H_{23} NO_6.$$

2. *Daturine* is colourless, unchangeable in the air, soluble in water, and, both by its analysis and all its physical and chemical properties, it appears to be either identical or isomeric with atropine.

The Breeding of Leeches. The natural Enemies of the Leech, and the Obstacles to Stocking Marshes and Pools. By Leon Soubeiran. In the month of April last, my father adapted a basin for the purpose of breeding leeches, and finding out the best means of doing so. The basin was round and lined with lead; 2m. 60c. round, and 60 centimetres in depth; a current of water could be obtained by means of the head of a watering-pot, with a spout covered with thin linen to prevent the egress of the leeches. A layer of clay, about 30 centimetres in thickness, was placed at the bottom of the basin, and planted with a certain number of aquatic herbs, namely:—*Iris pseudacorus*, *Typha angustifolia*, *T. latifolia*, *Caltha palustris*, *Pontederia cordata*, *Nymphæa alba*, and particularly *Chara.*"

Upon one part of the basin an island was raised on a level with the water, made with a layer of clay covered by vegetable earth and grass; this was to enable the leeches to leave the water and to bury themselves in the soft earth. Three hundred fine Hungarian leeches were placed in the basin thus prepared, and left there until the end of the month of September. During this time they only received food three times, twice some blood and once some frogs.

In feeding the leeches with blood, a small quantity was first dropped into the water, and then a lump of clotted blood was placed on a plank floating on the surface of the water.* Attracted by the smell of the blood, the leeches ran from all parts of the basin, mounted the plank, attached themselves to the clot of blood, and did not leave it until only a small mass of discoloured fibrine remained.

On throwing frogs into the basin, I have seen them soon become the prey of the leeches, and succumb in a very short time, exhausted by the suction. A fact which appeared to me rather interesting, was, that the leeches did not attack indifferently all parts of the body of the reptile, but attached themselves by preference to the eyelids; so that some of the victims thrown to them for nourishment carried round their eyes five or six, fixed by their suckers, and notwithstanding all the efforts the frogs made, they could not extricate themselves. Having thrown by accident a toad into the water at the same time as the frogs, it was left by the leeches, who followed it at first with fury, but from the thickness of its skin and its nauseous odour they were obliged to abandon it.

I ought to remark, that although the water was not changed during the whole time, it always remained clear and limpid, owing to the *assainissement* resulting from the presence of the plants.

Towards the end of the month of September, they proceeded to take the leeches out of the water, in order to empty the basin and to ascertain whether re-production had taken place. After having taken out a certain number of these animals, the clayey earth at the bottom of the basin was diluted and passed through a sieve, so as not to allow a single one to escape.

This enabled us to detect some old leeches and also some young ones, about a *centimetre* long; they were all in very good condition. Notwithstanding all the care taken in the search for the cocoons, none were found, neither in the earth, the basin, or the clay, or in the earth and grass of the island.

Are we to conclude that the leeches were not in a favourable condition for re-production? Certainly not; for on examining the leaves of the typha and of the iris in the basin, about a hundred young leeches, a *centimetre* in length, were found. They were especially hidden in the internal folds of the leaves, and more particularly in those of the iris.

Along with the leeches, the water contained a little animal, a pale *tetradecapode*, with long and thin body, having four broken antennæ, two of which were long; and at the posterior part of the body a tail formed with a single segment and two bifid styles. Under this tail were appendages that continually struck the water to renew it on to the surfaces of the respiratory organs. The feet were provided with a hook. This animal did not swim,

* The leeches may be called by stirring the water for some moments, but in using blood this precaution is useless, for in a very short time the animals are attracted by the smell.

but walked at the bottom of the basin and along the stalks in the water. A large number were found on the sieve and on the stalks of the iris and the typha, and also in the interior fold of the leaves, with the young leeches, the greatest number were found. I put a certain number in a vessel half filled with water, together with some young leeches; they soon fixed themselves upon the leeches, who, notwithstanding all their efforts, were not able to extricate themselves. Exhausted by their victorious enemy, they soon ceased to defend themselves, and very soon succumbed.

I then wished to assure myself if these animals also attacked the large leeches, and I put some with two adult leeches in a vessel filled with water. At the end of a few minutes they fixed themselves upon the leeches, who fought violently, and tried to get away from these formidable enemies; but, notwithstanding all their efforts, they could not succeed in making them leave go. I do not think, however, that the adult leeches suffered much from these animals, for, during six days they remained together, they did not seem to have been affected by them, and at length they ceased to attack them.

This formidable enemy of young leeches is a very common crustacean of the Seine, and some pools in the neighbourhood of Paris, called by naturalists the *Aselle d'eau douce, (Asellus vulgaris* Geoff., *Oniscus aquaticus.* Z.)

I think I may conclude from this experiment, that the great abundance of these animals in the waters of the Seine, and the pools of our neighbourhood, is an obstacle to the fruitful reproduction of leeches in our country. I am, besides, disposed to explain, by this abundance of the common *aselle*, an observation made many times by the leech merchants in Paris. In the marshes they very often saw young leeches reproduced from adults which they had placed there, but soon afterwards this hope of a new generation was completely disappointed. If, then, we wish to try to breed leeches in the neighbourhood of Paris, we must abstain from filling the basins with water from the Seine, or ascertain that the pools in which they are placed are not inhabited by the *Asellus vulgaris*, and this will not dispense with the necessity of searching for other animals, enemies to leeches, which might happen to be found there.

I considered myself bound to publish this memoir, because authors have not hitherto mentioned *l'aselle d'eau douce* as an enemy to leeches, and because it points out one of the obstacles met with in stocking the marshes. — *L'Union Médicale, November*, 1850.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

XC.—Case of Excision of the Uterus. By Paul F. Eve, M.D., Prof. of Surgery in Med. Coll. of Georgia.—C. D. Meigs, M.D., Prof. of Obstetrics and Diseases of Women and Children in Jefferson Med. Col. of Philadelphia, to whom we are indebted for the relation of this case, thus writes :—

When Professor Eve, of Augusta, Georgia, passed through Philadelphia, on his return from the meeting of the Association at Cincinnati, he gave me a pathological specimen, which is now in my museum. This specimen consists of the uterus of a woman of colour, which was removed by Professor Eve, in the hope that, by such a desperate operation, he might be able to rescue the patient from the imminent death which seemed by no other means to be avoided. The uterus, which he removed in the manner described in his letter, has been very much changed in its external form by the ravages of a cauliflower excrescence.

On the 16th of April last, I removed the entire womb from a patient, who has recovered. The operation was performed at my surgical infirmary, in which I was assisted by my cousin Dr. J. A. Eve, Professor of Obstetrics and Diseases of Women and Infants, and by Drs. Murray, H. Campbell, Long street, and Montgomery, and in the presence of several others connected with the profession.

The patient is a negro woman, twenty-eight years of age, has been married, but never conceived, as she believes. For more than three years, she has been labouring under uterine affection; at least, she has been annoyed for about that length of time by a vaginal discharge. The history of diseases among our negro population is generally very imperfect and unsatisfactory, and this is especially true as regards uterine derangements. All we can obtain, in the present case, is that the patient experienced great irregularity in menstruation, and had frequent hæmorrhages from the vagina.

Yours, &c., P. F. Eve.

We now refer to Dr. J. A. Eve's statement of the case, as he observed it before she arrived at the infirmary in Augusta.

Augusta, April 24, 1850.

My dear Doctor.—Early on the morning of the 10th instant, I was called to visit Mary, the patient whose womb you extirpated on the 16th, in consultation with Drs. Murray and Cook, some eleven or twelve miles from town.

Under the influence of morphine, which had been given before my arrival, the patient had become easy. On examination, I found a tumour of considerable size in the hypogastrium, and the whole pelvis, to the outlet, filled and blocked up with a lobulated, convoluted, incomprehensible mass, from which issued a copious and horribly fœtid discharge.

As this was unquestionably carcinoma, cauliflower excrescence, encephaloid tumour, or some malignant growth, the patient's certain doom was death, after a few months, or at most a year, of miserable existence worse than death, unless rescued by surgery, in the performance of a heroic operation which would involve the removal of a portion or the whole of the uterus.

If such an operation would ever be indicated or warranted, the age (twenty-eight years), the vigour of constitution, and the comparatively unimpaired general health of the patient, made it proper in this case.

In consultation, I suggested to Drs. Murray and Cook that, as neither of us could take charge of, or do justice to, her case, so far from our respective residences, she should be removed, as soon as practicable, to your infirmary, where she would enjoy every advantage and benefit that favourable circumstances, as well as science and art, could afford her case; and that we should all meet and confer with you after her removal to this place; to which suggestions these gentlemen cordially acceded.

I know nothing of the previous history of this case except what has been related to us by Dr. Murray. In consultation, all the physicians present concurred in opinion with you, that the operation was one of extreme danger, and that the probabilities were as many, perhaps, as a hundred to one against its success.

Before the operation, Dr. Murray and myself visited the patient, explained to her its great danger, and the very great probability that she might not survive it; telling her that, although it afforded but little hope, it was the only hope of delivery from suffering and death. We told her, farther, that it rested entirely with herself to determine whether or not she would submit to the operation. Without persuasion or influence of any kind, she determined promptly and unhesitatingly to submit to the operation, terrific as it was represented to be. She is now doing well, and in all probability will return home next week.

Your sincere friend,

J. A. Eve.

Dr. P. F. Eve :—

Operation.—The bowels having been previously emptied, a large quantity of urine was drawn off by the catheter, which diminished considerably the hypogastric tumour, and proved the bladder to have been generally distended, as there was then no urgency to micturition—in fact, the patient was unconscious of the distension. About two pints were thus evacuated. Chloroform was now inhaled to its full anæsthetic effects, when the vaginal tumour was seized by various forceps, but which, after large tubercular masses were torn off, was finally brought down to the os externum by the left hand. Finding it impossible to remove the firm resisting body now presented to view, it was carefully excised from above downwards, or in an antero-posterior direction, by the knife—I confess, with some suspicions at the time, it might be the uterus. One artery (now believed to be the left uterine), throwing out blood quite vigorously, was seized, and an animal ligature cast around it. A solution of sulphate of zinc was applied to restrain further hæmorrhage, which had been considerable.

There was no protrusion of the bowels, nor was the case followed by any very severe symptoms. A most rigid confinement to the horizontal position was strictly enforced for about ten days, with absolute diet, &c., &c. The bladder, it is presumed, filling up again, pushed the intestines backwards, while the opening made into the peritoneum was closed by agglutination and subsequent adhesion. The rectum was evacuated on the fourth day after the operation by warm water, and the bowels were moved freely by oil on the fifth.

In the mass removed, the uterus is readily recognized, with its Fallopian tubes, broad and round ligaments; but the os tincæ is involved in the encephaloid degeneration. The tumour in the vagina was about the size of a child's head at full term. No one, it is believed, who has examined it has entertained the least doubt but that the entire womb was removed, and this includes, besides

the gentlemen who witnessed the operation, Dr. R. D. Mussey, Prof. of Surgery in the Medical College of Ohio, and Chairman of the Committee on Surgery for the past year in the American Med. Association; and my preceptor, Dr. C. D. Meigs, the distinguished Prof. of Obstetrics, &c., &c., in the Jefferson Med. College, with whom the uterus has been deposited, and who has kindly insisted upon presenting the case to the profession in his own way.

During my absence at the meeting of the Medical Association in Cincinnati, the case was left under the care of my relative and assistant, Dr. A. P. Longstreet. The patient returned home on the 3rd of May, visited Augusta again on the 20th, to inquire why she had had no hæmorrhages (menstruation) since the operation; and, in answer to a letter, Dr. Murray writes, on the 10th of June, that he saw her "up and about" the day before, and promised to bring her in a few days to my office.

Fifteenth of June, two months after the operation, the patient, Mary, has called, after riding eleven miles on a loaded lumber wagon. She is much improved in flesh and appearance, and has enjoyed good health. She says there has been a slight show of blood but once since the operation, and only a moderate discharge at times of colourless fluid. But I regret to add we have most unmistakable evidence, both ocular and by touch, of a rapid reproduction of the encephaloid disease, which in all probability must sooner or later destroy life.

(Extract from a letter dated Augusta, July 29th, 1850.)

My dear Doctor,—I write to say Mary, my *non-uterine patient, is dead.* She died on the 22nd of July, having lived three months and a week after the operation. She became œdematous (ascites also), but had no hæmorrhage, neither protrusion of the disease from the os externum. I regret no post-mortem was made by the physician in attendance, and I only learned her decease incidentally at the time.

PAUL F. EVE.

Dr. C. D. MEIGS.—*American Journal.*

XCI. — SUCCESSFUL EXCISION OF THE ELBOW. BY H. THOMPSON, M.D.—J. McG., aged 13, of healthy appearance, was admitted into the Tyrone Infirmary on the 19th of December, 1849, labouring under disease of the left elbow. The left arm was fixed in a very nearly straight position, the elbow-joint admitting of scarcely any motion, and any attempt to move it producing severe pain. The flexure in front was filled up, and all the bony prominences obscured by a swelling, which extended from the middle of the arm to the lower margin of the upper third of the forearm, increasing the circumference three inches beyond that of the opposite side. The integuments were adherent, rather pale, with blue veins ramifying over them, and the surface was smooth and uniform, except in the situation of the outer condyle, where a prominent deep red and soft elevation indicated the pointing of an abscess. From this, and from the site of a fistulous opening, which existed about two inches above the inner condyle, a gradually diminishing shade of redness diffused itself over the neighbouring parts. A fungoid granulation projected from the fistulous opening, which yielded a small quantity of thin discharge; and a probe, passed downwards and outwards towards the centre of the articulation, encountered a piece of bare and roughened bone. He suffered little pain when he kept the arm steady, but at night it frequently prevented sleep. The sensibility and mobility of the hand and fingers were perfect. His general health was pretty good, but his pulse was small and 120; and he never slept without perspiring slightly about the head.

Ten weeks before admission, he had fallen into a ditch; the arm bent under him with a cracking noise, and he suffered so much pain as to be disabled for that day. On the next, however, he was so far recovered as to be able to use the limb. In the evening, pain set in; and next morning the joint was swollen. From this, the disease went on; but nothing was done for it until about a month ago, when an abscess was opened, which pointed above the inner condyle of the humerus, and a small quantity of sero-purulent fluid was discharged, without relief.

Operation.—This was performed on December 28th. The boy was placed on his right side on a table. Chloroform was administered until he was perfectly under its influence, and the brachial artery compressed by a finger. Along the radial side of a line following the course of the ulnar nerve, Dr. Thompson made an incision four inches long, the centre corresponding to the articulation. From the middle of this, another incision was carried transversely outwards to the extent of three inches, traversing the abscess, which contained a straw-coloured sero-purulent fluid, and laying thus open the cavity of the joint. The two triangular flaps thus formed were then dissected off the bones, and the soft parts cleared away from the olecranon, which was cut off at its base by means of bone-forceps. About half an inch more of the ulna, which was in a carious state, was then removed, together with the head of the radius, the cartilage of which was beginning to ulcerate. The arm now admitted of flexion, and, by bending it up, the end of the humerus was thrown out of the wound. This was examined, and the trochlea found completely destroyed, an abscess occupying the cancellar structure of the bone, which contained a loose piece of dead bone, and communicated by a large opening with the cavity of the joint. The cartilage covering the capitulum was healthy; and posteriorly a carious spot, about the size of a shilling, was found in the fossa which lodges the olecranon. The bone was divided above this carious spot, by means of a narrow saw passed in front and worked backwards. This completed the operation, which occupied about fifteen minutes, during the whole of which time the boy was kept under the influence of chloroform. No vessel was required to be tied. The arm was placed in the flexed position on a bent tin splint; and subsequently, when suppuration had taken place, and the swelling and inflammation were beginning to subside, a gutta percha case was adapted to the front of the limb, so as to keep it flexed to about half a right angle, and admit of the wound being dressed without removal. The wound healed by granulation, and a firm and healthy cicatrix was the result. He had, on April 19, 1850, perfectly regained the power of flexion of the limb, and could perform pronation and supination to a sufficient extent for any useful purpose. The unnatural effects which had resulted were, a degree of over-extension, or backward bend, to the extent of about the eighth of a right angle, and a degree of abduction of the fore-arm occurring during flexion, and produced by the action of the supinator longus, to the extent of about an angle of 45. The bones appeared to be connected by a condensed fibrous tissue, about half an inch in extent. The limb was three-quarters of an inch shorter, and the circumference at the elbow half an inch greater than the opposite: the muscles of the arm were smaller than those of the other, but there was no difference in those of the fore-arm.—*London Journal of Medicine, December*, 1850.

XCII. — ADHESION OF THE LABIA, RETARDING THE PROGRESS OF LABOUR; DIVISION OF THE PARTS FOLLOWED BY IMMEDIATE DELIVERY. BY JAMES REID, ESQ., Cambridge.—On the 6th of May, 1850, I was requested by Mr. C. Holtum, a surgeon in this town, to visit a patient of his, who was in labour of her first child. Labour had commenced in the morning, and Mr. Holtum had ascertained, without encountering any obstruction in passing his finger into the vagina, that the presentation was natural. By six o'clock in the evening the head had descended into the pelvis, and was pressed forwards by each pain to the perineum; Mr. Holtum was then so satisfied that labour would soon terminate, that he assured the patient that it would be all over, and he should be able to leave the house in half an hour. The head passed on to the perineum, and had distended it very forcibly, when it became evident that the soft parts offered a stronger resistance than usual to the passage of the child. An examination was made during the interval of a pain. The labia were found to be completely united from their superior angle down to the orifice of the vagina; they were quite natural, and were expanded over the head of the child in a uniformly even surface that extended to the mons veneris. There was no groove or depression between them, but the course of their union was marked by a line, which was distinguished by the paler colour of the integument. The os externum was a complete circle, of an inch and a half diameter, and had pressed against the head so as to form a corresponding tumefaction on the scalp. The perineum was soft and natural, and was distended by the child's head, which had almost passed the bony outline of the lower aperture of the pelvis. A strong expulsive effort occurred, and it was seen that the orifice did not expand, but that the whole integuments of the perineum and of the external parts were pushed forwards, and distended to such a degree that it was quite evident laceration would take place before the child could be expelled, and, in all probability, that the rupture would take place in the direction of the perineum, which covered the greater part of the head, and was more immediately exposed to the direction of the moving power. A director and bistoury were obtained, and the integuments were divided along the central pale line towards the pubes, the thickness of the divided parts increased in that direction from the one-eighth of an inch to half an inch. There was scarcely any bleeding. A pain immediately occurred, and a living child was expelled. Lint was inserted to prevent adhesion. The progress of the labour was delayed, at least an hour by the cohesion of the labia. One could scarcely have expected, beforehand, that such a cause would

have formed so great an obstacle. The remedy was obvious and simple, and the result immediate. The patient subsequently did well.

From the complete state of the union between the labia, from the absence of any traces of ulceration, in fact, from the otherwise natural condition of the parts, I was led to infer that the cohesion was congenital, and the history the patient subsequently gave upon the subject, confirmed the conclusion.

She was 30 years of age, and had been twice married. She had never known that there was any thing wrong or unusual in the organs of generation. She always menstruated freely, and had no difficulty in making water, the urine issuing in a stream; the oblique direction, downwards and forwards, of the stream, would, perhaps, explain this. In her first connexion with her former husband, she said that there was no more obstruction than what she thought was usual. He lived about five years, but she was never pregnant during that period. He had led a gay life before he married her, and died of consumption. She had been married to her second husband about twelve months, and he had not met with any difficulty. The opening in the external parts opposite the vagina was, therefore, sufficient for the complete act of coition.

Numerous cases are on record of obstructed labour from contraction of the vagina, from completed or partial occlusion of its calibre by horizontal or vertical bands, by thickened membranes and adhesions of surfaces, placed either at the orifice or deeper, and which have been caused either by cicatrices formed after ulcerations, wounds, and lacerations after difficult labours, or have, in some instances, had an origin in utero. From all these, the obstruction in the present case should be distinguished, inasmuch as it was from the adhesion of parts external to the vagina that the obstacle to the birth of the child existed, and there was every reason to believe that the vagina itself was in a natural state.—*Provincial and Surgical Journal, December*, 1850.

XCIII.—On the Bruit de Diable; or, Murmurs in the Vessels of the Neck. By Dr. Liman, of Berlin.

Dr. Liman, who has been engaged in a series of investigations, in reference to the so-called *bruit de diable*, has arrived at the following results, from observations made on upwards of one hundred persons—healthy and diseased, adults and children.

1. The murmur in the vessels of the neck is found to exist in most persons, and Dr. Liman has never examined any child in whom it was not perceptible.

2. This murmur in the vessels of the neck is a phenomenon of compression, and does not appear to possess any symptomatic importance. It is more readily excited in some persons than in others, and is modified by slight changes in the position of the neck, or even by a greater or less pressure of the stethoscope, and thus the murmur may, according to Dr. Liman, be absent in healthy persons one day and be again perceptible the following day.

3. Dr. Liman observed the murmur on both sides, or on the right side only, in which it was heard 50 times in 108 cases; it was but seldom noticed on the left side, occurring only 8 times in 108 cases. Dr. Liman did not observe any difference in the intensity induced by disease.

4. The murmurs present, as is well known, a very variable character; being sometimes synchronous with the arterial pulse and sometimes continuous. A periodical humming sound was observable in certain postures of the neck, which was accompanied and finally exceeded by a continuous murmur, when the neck was turned or distended.

5. The pulsating blowing sound arises in the arteries, and the continuous murmur in the veins. When the senoral artery of a thin person is gently compressed under the finger at the part where it emerges from Poupat's ligament, a special sound may be detected at every pulsation, and cannot be changed into a continuous murmur by any modification of pressure. If now the artery be gently pressed under the stethoscope by the other hand, the blowing sound will cease, while, if the artery alone be compressed under the stethoscope no blowing noise will be perceived, although the pulse may be distinctly felt. The same pulsating murmur may be noticed on compressing the carotid with the finger, and auscultating above the compressed artery in the region of the lower jaw when the neck is extended.

In a boy who had enlarged glands, a pulsating murmur was heard on the neck on either side of the gland, but not below it. From these observations it follows, that a sound is perceptible in the arteries, in the direction of the current, and at the back of the compressed part, which may be silenced by counter-pressure.

Dr. Liman was persuaded that a continuous murmur might frequently be induced for a moment by pressing the upper edge of the stethoscope on the neck; although, before the pressure was applied, nothing was to be heard beyond a pulsation or pulsating blowing noise; hence he infers, that this continuous murmur must originate in the veins, since it could not otherwise be occasioned by a current flowing downwards. This view is further confirmed by the circumstance, that a pressure on the veins which suffices to arrest, or at any rate, to moderate the flow of the blood, but is not capable of compressing the artery, will instantly modify the continuous murmur, or even cause it entirley to cease. The view of the murmur being exclusively arterial, advanced by Dr. Kiwisch, who attaches much importance to the compression of the carotid by turning the neck by the onohyoid muscle, is opposed by Dr. Liman, on the ground, that the point of intersection of this muscle and the artery, is situated above the region compressed by the stethoscope, when the instrument is applied at the angle formed by the clavicle and sterno-mastoid muscle, and that such pressure would, therefore, seem rather to confirm than oppose the hypothesis of the venous origin of such a continuous murmur.

6. From the above observations, it would therefore appear, that this murmur cannot be referred to any special blood-crasis, or even to a diminished quantity of blood.

Doctor Wintrich, of Erlangen, who has likewise been engaged in a series of observations on the significance of the *bruit de diable*, regards this murmur as wholly unimportant in reference to the anæmic condition of the blood, since it may be heard in persons in perfect health. Thus, among the 600 privates of the cuirassier regiment, quartered at Münich, the greater number of whom were from 20 to 26 years of age, this *bruit de diable* was heard in the veins of the neck in 480 men; in 312, on both sides of the neck; in 162, on the right side only, and in 66, on the left side alone. The same proportion was observed in other regiments, in the inmates of the military prisons of Bavaria, and in all healthy individuals of the same age examined by Dr. Wintrich.—*Deutsche Klinik*, 1850.

The subject of this murmur in the vessels of the neck has given rise to much discussion among German physicians and physiologists, many of the most distinguished of whom have advanced very opposite views regarding the true character of this murmur. The proposition laid down by Professor Kiwisch, of Rotterau, that "the *bruit de diable* murmur was merely a phenomenon of compression originating in the arteries," has been most strongly combated by Professors Rinecker, Virchow, Kölliker, Richter, and others. The grounds on which they oppose his views are, that observations conducted as his have been on the artery after death, and by means of India-rubber tubes, are inconclusive when applied to the living artery, and that auscultation does not confirm the truth of his assertion, that the murmur originates in the arteries, and cannot be produced in the veins. Professor Richter maintains, that the murmur is one of the most constant symptoms of anæmia and lead-poisoning, appearing before any other indications of this disease, and continuing until a complete cure is effected. French medical writers have also devoted much attention during the last few years to this subject, and they, like their German brethren, are most inclined to the view of the venous nature of this murmur, an opinion which, among others, includes Valleix, Vigla, and Barth in the number of its supporters. [Neither the German nor French writers seem aware that our countryman, Dr. Ogier Ward, has long ago proved that this murmur is decidedly venous.]—*Schmidts Jahrbucher, August*, 1850.

XCIV.—Hæmorrhage from the Urethra.—Case reported by Dr. Russell. The patient was a gentleman about the middle period of life, and the father of several children. Having been absent upon a journey for two or three days, he returned home late in the evening, and immediately after sexual intercourse the hæmorrhage occurred, amounting to a pint, so far as could be estimated. The excitement was no more than usual, and he had never before experienced such an effect. For two or three days he was left quite feeble, but with no signs of local irritation.—*American Journal.*

XCV.—Case of Aneurism of the Heart. By J. Tufnell, Esq.—(Read before the Surgical Society of Ireland). The patient was a fine young man, aged 21, who had enjoyed uninterrupted good health until three years since. He had afterwards, in succession, chancres, suppurative bubo, acute pneumonia, hepatitis, and subsequently severe rheumatism, the serous coverings of the organs being considerably affected. The rheumatic attack took place in the autumn of 1848, and was followed by a relapse in two months, the pericardium being each time engaged. Calomel and opium were resorted to upon both occasions, the lancet not being

used. He was apparently in perfect health in February of the present year.

Towards the latter end of this month, Mr. Tufnell saw him in consultation, for a painful affection of the lower end of the right femur, consequent upon a process of bone which interfered with the use of the joint. The integuments on the outer side of the lower third of the thigh were swollen and tender, and were protruded directly outwards by a hard pointed tumour, evidently a process of bone, which stood out from the condyloid ridge between the vastus externus and biceps muscles, so as materially to interfere with the action of the hamstring tendon. It was resolved to remove the growth; but the integuments over the tumour being much thickened and inflamed, it was deemed desirable that the patient should rest for some days; and as he could not then do so, the operation was deferred.

He remained in apparent health until the middle of March, when, about seven o'clock one morning, whilst dressing, he said that he felt indescribably weak, so much so that he was certain he was going to die. Subsequently, however, he ate his breakfast, and seemed to forget his forebodings; but at half-past nine, he fainted and fell to the ground. He was insensible when taken to bed, the hands and extremities cold, the face deadly pale. This state continued for some time; but by means of external warmth and ammonia, heat was gradually restored, re-action ensued, and he seemed considerably revived. Soon, however, the dyspnœa became excessive, the patient calling continually for air, and begging to have the *weight removed off his heart.* He died at half-past 4 P.M.

Post-mortem Examination thirty hours after Death. — The body presented the appearance of a very finely-made muscular man, the skin of a natural colour, neither livid nor unusually pale: no trace of œdema in the lower extremities. The contents of the cranium were healthy, and the brain showing an ordinary number of vessels upon its substance being cut across.

The pericardium was enormously distended with black venous blood, which was found partly coagulated, and partly fluid. Through the midst, projected an aneurismal tumour, its apex pointing obliquely outwards to the left side; and, upon removing the contents of the pericardium by a stream of water from a syringe, the aneurism was seen to arise from the left side of the anterior surface of the base of the left ventricle. Proceeding a short distance vertically upwards, it assumed a semicircular form, passing obliquely backwards, overlapping to a certain degree the auricle of that side, and compressing the auricular appendage, which lay beneath it shrivelled and curled up. From the anterior surface of this sac, projected an additional pouch, its cavity appearing capable of holding a marble, whilst the larger one would easily contain an egg. The sac was densely firm and *entire throughout,* not exhibiting the minutest opening for the escape of the blood. Round the circumference of the tumour ran the coronary vein, nodulated and enlarged, presenting the appearance of a succession of pile-like tumours. At this point the coagula were intimately attached, and here there was a discoloured spot, where the vein must have burst. The heart was enlarged, and more than ordinarily covered with fat. The visceral pericardium, at its apex, was united by strong bands to the reflected portion; both appeared to have been the subjects of inflammatory action. On removing the heart, the lining membrane, and the whole of the valves on the right side, were natural in every respect. On the left side, the endocardium was healthy, as well as the mitral and aortic valves; but, opposite to the opening of the aorta in the ventricle, above and in front of the right segment of the mitral valve (but not in any way interfering with its action), was the mouth of the aneurism, perfectly circular in form, and capable of admitting the point of the fore-finger, and surrounded by a fibrous ring, apparently developed from the endocardium alone. The sac itself appeared to be formed of this membrane and the pericardium, the muscular structure being almost altogether absorbed. On the superior surface of the sac, the reflected pericardium was adherent, giving it additional support. The aorta was of natural size and thickness, but studded with minute points of atheromatous deposit. The other viscera presented no remarkable appearance.

Remarks.—This case tended to establish the correctness of the observations of Dr. Thurnam, in his paper on Aneurism of the Heart, published in the *Medico-Chirurgical Transactions* for 1838. Dr. Thurnam had remarked, "that in one case only of all that he adduced, did rupture of the sac occur when there was adhesion between the pericardium and the aneurismal portion of the heart." In this case, the sac was entire, the point opposite to the influx of blood having the pericardium adhering to it. Indirectly, however, Mr. Tufnell regarded this circumstance as being the immediate cause of death, for the pericardium, being attached below to the apex of the heart, and united to the tumour above, prevented further dilatation of the sac, held it firmly down upon the coronary vein, and, by the compression thus induced, led to rupture of this vessel. This probably took place when the patient complained of weakness, at 7 in the morning. 2. Dr. Thurnam had called attention to the portion of the organ in which this lesion was universally developed; viz., the systemic side. He accounted for this in a twofold manner; firstly, because regurgitation of superabundant blood into the auricle, did not occur in the left or systemic heart; and secondly, he referred its occurrence to the physical condition of this part, the vital endowment of its blood, and the assimilation of its diseases to those affecting its arterial continuation. *Here we found the systemic side to have been the seat of disease.* 3. He regarded aneurism of the heart, as *par excellence* the disease of adult, as that of the arteries is of middle life. He considered the lesion to arise from rheumatic inflammation, which rendered the heart less able to bear the distending force of the ventricular systole, and to be thus connected with the young, from their predisposition to acute rheumatic disease. *In the present case, the patient had suffered from rheumatic attacks, and his age was but* 21. 4. Dr. Thurnam had shown that the seat of true aneurism of the heart was either at the apex or highest portion of the base, those being the thinnest portion of the organ, and the least able to withstand distending force. *The base was that affected here.—London Journal, December,* 1850.

XCVI.—On Abdominal Tuberculosis in Children, and its Treatment. By Dr. Mertens.—The author considers the tuberculous affections of the abdomen in children according to the different seats of the deposit, and classifies the frequency of their occurrence in the following order:—

1. *Tubercules on the mesenteric glands,* are of less frequent occurrence than is usually supposed, scarcely appearing in one seventh portion of the children affected with tuberculosis. Their occurrence is usually simultaneous with tuberculous depositions in other organs, as the peritoneum and intestinal canal; but here the affection is generally slight, in inverse ratio to its intensity in the mesenteric glands. The symptoms during life depend solely on the degree of inflammation present, and the presence of the disease is only rendered palpable to the touch by a considerable augmentation of the glands, or by a striking emaciation of the abdomen; abdominal distension and hardness affording no evidence whatever of the existence of tubercules in the mesenteric glands. The symptoms induced by disturbance of the digestive organs, and by the presence of contiguous parts, are equally devoid of importance in reference to a correct diagnosis. The vomiting and dyspepsia are devoid of all characteristic indications, as are also the discharge and colour of the *excrementa.* The milky appearance of the urine does not depend on tuberculosis, according to Guersant; but occurs in children whenever the urine is scanty, and has been long retained in the bladder, and may, therefore, obviously accompany many very different diseases. Symptoms of anæmia likewise characterise other conditions of disease; while the slight, but pinching, and continuous pain felt in the umbilical region, is not of sufficient significance to afford a certain diagnosis.

It is only when intense inflammation and an incipient process of softening begin to develope themselves, and when the peritoneum and mesentery have begun to participate in the inflammatory irritation, that a dull dragging pain is manifested, accompanied with symptoms of remittent fever, which gradually assume the hectic character, alternating diarrhœa and constipation, nausea, vomiting, &c. This condition may be aptly designed *febris meseraica* and *atrophia mesenterica.* The peritoneal inflammation may increase to actual peritonitis, but its different crases then usually assume a chronic character, and may then tend to agglutination, or stricture of the intestine.

The omentum is frequently found to be degenerated; the mucous membrane of the intestines, more especially at the lower part of the small intestine, is inflamed, and the follicles thickened and ulcerated, Many cases of mesenteric tuberculosis are, moreover, complicated by a simultaneous advanced development of peritoneal tuberculosis, when the symptoms of the disease are naturally modified to a very great extent.

2. *Tubercles of the Peritoneum.*—These are of nearly equal frequency as mesenteric tubercles in children, and may occur in very different forms. The diagnosis here is not less difficult than in mesenteric tuberculosis, since all characteristic symptoms fail in like manner before the occurrence of inflammation. For neither the increased size and fulness of the abdomen, its varying sounds on percussion, and its tenseness, nor the palpitation of the tuberculous tumour and the sensations of pain, are of a character to serve as certain indications of the disease. Where there is peritoneal inflammation it generally, however, differs from simple

peritonitis, by its slower course and slighter intensity. When the tubercles are seated on the inner surface of the peritoneum, there are frequent adhesions, whilst those on the outer surface give rise more generally to perforations; but these are not often attended with dangerous results, in consequence of the simultaneous occurrence of adhesions.

3. *Tubercles of the Stomach and Intestinal Canal.*—Tubercles of the stomach are comparatively rare in children. Their seat is generally the region of the larger curvature, where they occasionally attain a very large size. Tubercles of the intestines are more frequently found to attack the small than the large intestines; in the former they are deposited around the ileo-cœcal valve; in the latter, in the cœcal portion. They are deposited either in the miliary tubercles, or of larger discs, generally under the mucous membrane, or filling the glands. In this form of tuberculosis also, the symptoms during life are dependent on the consecutive inflammation.

4. *Tubercles of the Kidneys.*—All forms of tubercle, but more especially the miliary, occur in the kidneys. The course of the disease is the same here as in other organs. As the softening becomes more fully developed, the urine is found to be turbid, containing a whitish, grout-like, amorphous matter, which is insoluble in dilute nitric and sulphuric acids, and is mixed with mucous and pus corpuscles. The urine sometimes also is mixed with blood.

5. *Tubercles of the liver, spleen, and pancreas.*—Tuberculosis of the liver is more frequent in children than in adults, and occurs in the form of miliary or granular tubercles. But little is known in reference to tuberculosis of the spleen and pancreas; and nothing definite has been determined regarding the symptoms during life.

The following are our author's general conclusions:—

1. That the diagnosis of tuberculosis of the abdomen during life cannot as yet be established with any certainty.

2. That no marked symptoms specially characterise the various stages of the disease, but that they are dependent only on the irritation, inflammation, and functional disturbance of the affected organ.

3. That the habits, constitution, and mode of life of the patient, with the occurrence of tubercles in other parts of the body, can alone furnish an indication of the tuberculous nature of the symptoms of abdominal disease present.—*Journal für Kinderkrankheiten.*

XCVII.—Inunction of Lard in Scarlatina. By Dr. Ebert. —Dr. Ebert conducted a series of experiments during the prevalence of scarlatina in the Charité Hospital at Berlin, last year, on the inunction of lard as recommended by Schneemann. The epidemic was of a most fatal character, eleven out of twenty-two patients having been affected with dangerous complications, of whom six died. Lard-inunctions were generally followed by favourable results, for while in five of the six fatal cases above referred to this inunction had not been used, there was only one death in thirteen cases where this method of treatment had been employed, and here the patient was a child, who died soon after admission, and when the unction had been applied once only. The special results educed by Doctor Ebert from his experiments are as follows:—

1. Inunction with lard does not act injuriously, as might *à priori* be feared, by disturbing the activity of the functions of the skin, or suppressing the eruption, but rather tends to accelerate the exanthema, for, on the average it was observed to become paler on the third day; and to disappear on the fourth or fifth day.

2. This inunction does not exert any injurious effect on the affections complicated with the exanthema of scarlatina, which are observed to run their course rapidly and favourably during the employment of the lard unction.

3. Lard inunctions act most favourably on the further advance of the exanthematous process, by tending to prevent the stage of desquamation. In those cases where the inunction was carefully employed twice in the twenty-four hours, there was no trace of desquamation excepting in one patient, in whom the disease was complicated with the eruption of miliary vesicles on the upper part of the thigh, and who exhibited a slight desquamation of the skin, which was probably dependent on the miliary vesicles. There was a slight exfoliation of the skin during the second and third week in two cases, where the inunction had been used only once in the day, and in the case of a boy, on the forepart of whose body the inunction had alone been applied.

4. These lard inunctions appear to present the favourable result of allowing patients to leave their bed, on an average, about the fifth or seventh day, and their room on the tenth or twelfth day after the removal of those feverish symptoms which usually accompany the incipient stage of the exanthematous process. Dropsy, and the other secondary diseases which so frequently prove fatal after scarlatina, were not observed to occur in any case where these inunctions were employed.

5. Another favourable action that seems to pertain to this mode of treatment in scarlatina is, that of preventing infection. Although the patients were suffered to leave the wards on the eleventh day, and mix freely with the other inmates of the hospital, the disease was in no case observed to be transmitted by those patients, in whom lard inunctions were employed, twice daily, for about a period of ten days.—*Ann. d. Berliner Charité*, 1850.

XCVIII.—A Case of Rupture of Varicose Veins of the Labium Pudendi. By Dr. Thomson.—This patient was in the ninth month of her pregnancy, and, while engaged in household duties on the 5th of January, felt a large tumour, which she thought must be the child's head, bearing down. Placing her hand below, she felt a tearing sensation, and became deluged in blood, so that the reporter believes she lost considerably more than a gallon. Upon examination, he found a laceration on the left of the median line, extending from within an inch of the anterior commissure of the labia to the upper part of the *mons veneris*, about three inches in length; the soft parts on that side being greatly distended by the effusion of blood into the cellular tissue. The patient being in the recumbent posture, the hæmorrhage ceased, the varicose veins of the extremity having become completely emptied, and the heart scarcely pulsating. As the bleeding had stopped, the case was left to nature. After the first week, camphor liniment was employed to disperse the large swelling produced by the extravasated blood, which entirely disappeared before the end of the second, so that the edges of the wound, which were at first three inches apart, were now in close contact. On the 20th January the fœtus was suddenly and easily expelled, and the case did well.—*New York Journal of Medicine*, vol. iv. p. 317; *Monthly Journal, Nov.* 1850.

XCIX.—Malignant Growth within the Globe of the Eye.—Case reported by Dr. Hooper. Mrs. ——, æt. about 35; a woman of feeble health; married several years; has had no children; has suffered during the last two years from constant uneasiness and occasional severe pain in right eye. When first seen two years ago there was complete loss of vision, the sclerotica bulging out at the upper and inner part; injection of conjunctiva; cornea transparent. During the two years, pain has been severe at times, but relieved by leeches to temple, and by puncturing the globe at the place of protrusion; a straw-coloured fluid followed the puncture until within the last few weeks, when no fluid has escaped, and there has been no relief from the patient's suffering, which is excessive.

To-day, the patient being under the influence of sulphuric æther I removed the eye. Very little hæmorrhage occurred. No dressing but a compress wet in cold water laid on the eyelids. *July* 1. The patient has been comfortable ever since the operation; is now down stairs. *July* 31. Patient still doing well as far as the seat of disease in orbit is concerned, but has had some disease in the abdominal region.

On examination, the eye is moderately enlarged; the bulging above noticed being quite marked. Cavity of the sclerotic about two-thirds filled by a nearly uniform, whitish, soft, solid, well-defined substance, which the microscope shows unequivocally to be carcinomatous. The remainder of the cavity is free; and the different tissues, where not involved in the disease, appear to be healthy. The sclerotic, also, so far as seen in a single incision, appears healthy; and to some extent the choroid coat can be traced between it and the diseased mass.—*American Journal*, 1850.

C.—Case of Spontaneous Evolution of the Fœtus. By Dr. J. S. Mitchell.—On the morning of the 10th of June, I was sent for to visit Mrs. W., whom I found engaged in her third accouchement. An examination *per vaginam* discovered to me a head presentation; the os uteri was slightly dilated, and the pains, though trifling, were frequent. Having other engagements of importance, I ventured to leave, with the usual promise of a speedy return. It was not long after my departure, when I was again sent for, and I hurried to the bedside of my patient. I found, on my arrival, that the head of the fœtus had already passed through the os externum, and before I could make any arrangements for assisting the delivery, the remainder of the body had passed out. I quickly placed my hand upon the abdomen, with the view of securing a proper contraction of the uterus, when I discovered there a tumour of sufficient size to excite some suspicions as to the presence of a

second in utero. I separated the fœtus from its mother, and prepared for further examination, when I discovered that the last effort of the uterus, which had expelled the first infant, had forced down the arm and shoulder of the second. This condition of things did not last long, however, for the uterus again contracting, I had the satisfaction of *seeing* the arm recede, and the nates, kindly taking its place, protruded through the vulva. I immediately seized it, determined that the capricious conduct of the infant should not again leave me in doubt and anxiety. In due time the nates was delivered, the shoulder and head following in turn. Thus ended, favourably to mother and child, a case from which I had a right, under ordinary circumstances, to expect much difficulty; another evidence of the fact that a case, under arm and shoulder presentation, may, by a spontaneous evolution of the fœtus terminate unassisted, the breech being first expelled.—*Charleston Medical Juornal.*

MEDICAL NEWS.

Health of London during the Week.—The mortality of London, which in the last week of November declined to 861 deaths, and in the subsequent week rose to 1,004, now exhibits a further increase of considerable amount. The deaths registered in the week ending last Saturday, were 1,090; a number which is greater than that of any corresponding week in the ten years 1840-9, with four exceptions: namely, in 1844, when a week of unusually low temperature (the mean not exceeding 28°), was fatal to 1,201 persons; in 1846, when the deaths were 1,163, that week being also marked by low temperature; in 1847, when the deaths rose to 2,416, at the time influenza being epidemic; and in 1848, when they were 1,130, fever then prevailing to some extent, and cholera having appeared. Last week has carried off an unusual number of aged persons (those of 60 years and upwards); and the increase over the previous return is principally caused by bronchitis and pneumonia, or inflammation of the lungs. In the last three weeks the increase of bronchitis appears from the numbers returned as follows: 64, 88, 114; that of pneumonia is shown by 67, 86, 113, whilst the mortality from phthisis in the same periods has been more uniform, namely, 96, 113, and 116 deaths. The greater activity of small-pox, lately, has been noticed; in the present return it numbers 24 fatal cases (nearly the same as in the preceding), of which 4 occurred to persons above 20 years of age. Lisson Grove, in Marylebone, is still distinguished by its ravages; five additional cases (all except one being described as "variola, natural") were registered in the week. With reference to a case in St. Clement Danes, the registrar remarks, that "the father of the deceased objects to vaccination, but can offer no reason for his opinion;" and reports from other districts prove that the person here referred to is not singular in his prejudice. Other important epidemics are measles, which numbers 20 cases, scarlatina 29, hooping-cough 42, croup 12, and typhus 37. From diarrhœa there were only 10 deaths; two, caused by cholera, are recorded thus:—In St. Giles, at 13, Clark's-buildings, on 6th December, the daughter of a costermonger, aged 3 years, died of "bilious cholera (24 hours), convulsions (2 hours)." In West London, at 16, Dean-street, St. Andrew's, on 9th December, the daughter of a lapidary, aged 16 years, died of "English cholera (50 hours)." As described by the registrar, "the street is narrow and not very clean." In connection with various deaths from scarlatina and typhus, the registrars are careful to mention nuisances to which the sufferers have been exposed; in one instance, a large cesspool oozing through the floor, which the inmates of the house find it necessary to cover with sawdust; in another, "an open sewer behind the house;" in a third, "offensive effluvia from cesspools;" and in a fourth, a drain "offensive in the extreme," indeed so bad that the persons who live there cannot suffer the door to remain open, and frequently the head of the family is seized with vomiting before leaving for his work in the morning.

The mean daily reading of the barometer at the Royal Observatory, Greenwich, was highest on Sunday, when it was 30·232 in.: it was also above 30 in. on the two following days; the mean of the week was 29·935 in. The temperature was lowest on Tuesday, when the daily mean was 32·8°, which is less by 6° than the average of the same day in 7 years. It rose on Thursday, Friday, and Saturday, when the mean was about 46°, or 6° above the average. The mean of the whole week was 40·1°. The wind was for the most part in the south-east on the first four days, and in the south-west for the rest of the week.

OBITUARY.

On the 3rd instant, at Weymouth, William D. Barker, Esq., M.D., aged 50.

On the 12th instant, at Camden New Town, Robert Calvert, M.D., Deputy Inspector of Military Hospitals, aged 68.

On the 28th ult., on board the bark Clara, off the Island of St. George, Azores, John Garnett Courtenay, Staff Surgeon, late principal medical officer of New Zealand.

On the 11th inst., at Uxbridge, in the 76th year of his age, Richard Andrews, Esq., many years surgeon at Great Stanmore, Middlesex, much respected by all who knew him.

NAVAL APPOINTMENTS.

Assistant Surgeons.—William Bainbridge (1846) and D. W. C. Tucker, both additional to the Imaum, 72, receiving ship at Jamaica.

Surgeon James Vaughan (1841), to the Amphitrite, 24, at Portsmouth.

Royal College of Surgeons.—At a meeting of the Council of this institution on the 12th instant, the following members of the College were admitted Fellows, having undergone the necessary examinations on the 3rd and 5th instant:—Messrs. William Rutherford Aucram, Valparaiso, South America, diploma dated October 11, 1839; John Orsborn, Bitterne, near Southampton, January 10, 1840; and James Robert Lane, Grosvenor-place, May 28, 1847.

Royal College of Surgeons.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 13th instant:—Messrs. Alexander Myall Robinson, Newbury, Berkshire; Edmund Lord Hudson, Bacup, Rochdale, Lancashire; Francis Henry Plumptre, Queen's-square, Bloomsbury; John Phillipson Langham, Her Majesty's Forest of Dean, Gloucestershire; Robert Rygate, Colet-place, Commercial-road; Henry Maund, Bromsgrove, Worcestershire; John Davies Weaver, Chester; John Craven, York; James Charles Dickinson, London; George Webster, Dulwich, Surrey; Ashby Greenaugh Osborn, Northampton; and Joseph Earle, Grosvenor-street-west. At the same meeting of the Court Messrs. George Everest, Michael Walling, and David Lloyd Morgan passed their examinations for naval surgeons. These gentlemen had previously been admitted members of the College, their diplomas bearing date respectively April 29, 1842; April 25, 1845; and April 17, 1846.

NOTICES TO CORRESPONDENTS.

To the Editor of 'The Institute.'

Chatham, December 14th, 1850.

Sir,—I shall feel obliged by your informing me if there is any probability of the Medical Reform Bill passing during the ensuing Session. I am a M.R.C.S., 1839, about to commence practice with the prospect of a Union appointment (if qualified). I shall therefore esteem it a great favour, if you will give me your advice, whether to *wait*, or go to the Hall at once. With best wishes for your success.

I am, Sir, yours truly,

IOTA.

We advise you to make arrangements for presenting yourself as a candidate for examination at the Hall with all speed. There can be no doubt that some very important changes will take place in the existing laws during the ensuing session of Parliament; but we remind you that Acts of Parliament are not brought into operation the moment they are passed. A complete and efficacious reform, such as is now contemplated, will necessarily take time.

Alpha is thanked for his paper on Education. Educational reform is one of the things we have pledged ourselves to advocate. It is a very large subject, and it is our intention to enter upon it, when our columns shall enable us to do so consecutively. Although a very clever paper, we are compelled to decline it, because we fear it might prove unpalatable to our readers. The people of this country have been so bored with cant and twaddle, about what they have been pleased to call "Religious Education," that any revival would nauseate. There has been more nonsense written under this head, than almost any other. We promise our readers, if we do attack the subject, we will call things by their proper names. Education and Instruction are not synonymous terms, and we are persuaded that it is from the want of a clear and intelligent apprehension of their distinctness, that such diversity of opinion prevails.

Communications have been received from:—

Francis Davies, Esq., of Pershore.
Dr. Burnett, of Alton.
John S. Snook, Esq., Colyton.
Thomas Wingfield, Hall of Crick, Alfreton.
P. Williams, Esq., of Holywell, Flintshire.
P. V. Gorham, Esq., of Aldborough.
Theophilus Probe, Esq., who is thanked for the information communicated.
P. P's. paper will appear in our next.
R. W. West, Esq., of Alford, whose request shall be attended to.
J. Moore Neligan, Esq., M.D., Dublin.
Thomas Toyser, Esq., Wirkesworth.
The paper of "a Medical Reformer" will, if possible, appear in our next.

THE FIRST NUMBER OF THE SECOND VOLUME OF THE NEW WEEKLY MEDICAL JOURNAL,

ENTITLED

THE INSTITUTE,

Will be Published on Saturday, January 4th, 1851.

It is the intention of the Proprietors of 'The Institute' to form Two Volumes annually. For the convenience of Subscribers, they will therefore consider it advisable to bind up into a Volume all the Numbers of the Journal which shall have been issued at the close of the present year, and to commence the new year with another Volume, in which it is anticipated there will be many new features.

Although 'The Institute' Journal can barely date a three months' existence, there will be found in its pages a vast amount of matter bearing upon practical subjects. Independently of the Original Communications and Editorial Articles, valuable information has been furnished to the practical man under the separate headings, "Philosophical Gazette," and "Compendium of Medical Science." Much of this has been translated from the best German and French authorities; some portions have been extracted from the American Journals and the remainder from the best writers on Medical subjects in our own country. The selections have been made chiefly with a view to their practical bearing on Medicine and Surgery, and their utility to men fulfilling the arduous duties of General Practice. The following is a Synopsis of Contents of the Numbers at present issued:—

LECTURES.

Lectures on the Absurdity and Barbarity of the distinction between Medicine and Surgery, by William Lawrence, Esq., Member of the Council of the Royal College of Surgeons. Lectures on the German Mineral Waters, delivered at the Hunterian School of Medicine, by Sigismund Sutro, M.D., Senior Physician to the German Hospital.

ORIGINAL COMMUNICATIONS.

Medical Guide to the Principal Spas of Germany, by Dr. Sutro. On Hereditary Tendencies, by P. C. Lord, Esq. On Pauper Medical Practice. Case of Compound Fracture, by Dr. Webster. Case of Fractured Cranium, by Dr. Bedingfield. Extraordinary Obstetric Case, by Dr. Jones. Case of an Acephalous Child, communicated by George James Squibb, Esq. A Case of Tuberculosis, with Tubercles in the Lungs, Intestines, and Mesentery, without Hectic Fever, by Henry Ancell, Esq. On a new mode of producing Electricity, by Dr. Sutro. Viability of the Fœtus. Remarkable Case by John Greening, Esq. Case of Dislocation of the Head of the Humerus upon the Dorsum of the Scapula, by R. Dunn, Esq. The Treatment of Ovarian Dropsy, from a Contributor. Illustrations of Pauper Practice. Medical Guide to the Principal German Spas, by Dr. Sutro. Remarkable Case of Catalepsy, by Peter Hood, Esq., M.R.C.S. Medical Ethics; or the Duties and Qualifications of Medical Men, by George James Squibb, Esq. Difference between the Fibrine of Muscle and that of the Blood. Dr. Rademacher's Treatment of Dysentery, by Dr. D'Alquen. Case of Fracture of the Skull from the Bursting of a Gun, by William Collyns, Esq. Successful Treatment of an extensive Nævus, by the Actual Cautery, by Thomas Warner, Esq. Case of Encysted Ovarian Dropsy—Hydatids, by a General Practitioner. Leaves from the Diary of a Parish Doctor.—No. III.—By Theophilus Probe, Esq. On Cases of Fatal Blow on the Pit of the Stomach, by Peter J. Martin, Esq. Cases in General Practice, by G. Webster, Esq., M.D., M.R.C.S., Ed. On Diphtheritis and Ulcerated Sore Throat, involving the Larynx. Medical Archæology, by George James Squibb, Esq. Dr. Bedingfield's Cases of Fracture of the Cranium, continued. On the Efficacy of Large Doses of Opium in Retention of Urine from Spasmodic Stricture, by J. Bowling, Esq., M.R.C.S. Case of Fatal Jaundice produced by Cod-liver Oil, by R. Craven, Esq. Medical Guide to the Principal German Spas, by Sigismund Sutro, M.D. Case of Congenital Malformation, by H. J. Swann, Esq. Small Doses of Medicine not Homœopathic Doses. The Homœopathic Quackery, by Thomas H. Smith, Esq. Cases in General Practice.—On Diphtheritis and Ulcerated Sore Throat, involving the Larynx—No. II—By George Webster, Esq., M.D., M.R.C.S. Ed. On Kaladana, a Neglected but Excellent Purgative, by John Gardner, Esq., M.D., F.C.S., &c. On the Use of Hot Arm Baths in the Treatment of Croup, with a few Remarks on the General Treatment, by Dr. D'Alquen. Leaves from the Diary of a Parish Doctor—No. IV.—The New Regime, By Theophilus Probe, Esq. Medical Archæology. No. II.—By George James Squibb, Esq. On Placenta Prævia, by Robert Dunn, Esq. Leaves from the Diary of a Parish Doctor.—No. V.—The New Regime, by Theophilus Probe, Esq. Cases in General Practice; illustrative of Principle III. of 'The Institute.' On Mutilations of the Fœtus in Utero. A Novel and Simple Instrument for performing the Operation of Transfusion. Remarkable Case of Ejectment of a Foreign Body from the Right Bronchus, after being lodged there many years. Cases in General Practice:—Amputation of the Foot, and Fracture of the Cranium. By James R. Stedman, Esq. Cases from the Note Book of a General Practitioner. By George James Squibb, Esq. Two Remarkable Cases of Ruptured Uterus. Case of Atrophy of the Heart. Stricture of the Pylorus caused by Gall Stone. Apoplexy with Sanguineous Effusion. On Certain Disorders of the Liver: the use of some New Remedies in their Treatment. By John Gardner, M.D., F.C.S.

DOCUMENTS RELATING TO MEDICAL REFORM.

A Bill for the Incorporation of General Practitioners in Medicine, Surgery, and Midwifery. Correspondence between the Government and the Royal College of Surgeons. Committee of the National Association of General Practitioners in 1845. Extracts from the Transactions of the National Association of General Practitioners in Medicine, Surgery, and Midwifery. List of Names of General Practitioners of the National Association.

EDITORIAL ARTICLES.

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REVIEWS.

Pharmacy and Materia Medica.—The New Dublin Pharmacopœia. The Philosophy of Spirits in Relation to Matter. By C. M. Burnett, M.D. The Surgeon's Vade Mecum. By Robert Druitt, F.R.S.C. On Excision of the Enlarged Tonsil. By W. Harvey, M.R.C.S., &c. Practical Observations on the Diet of Infancy and Childhood. By T. Herbert Barker, M.D. The Anatomical Remembrancer. Hand-book of Anatomy for Artists.

CORRESPONDENCE.

Circular Letter to the Council of the National Institution. Letter of Nathaniel Clifton, Esq. Letter of Richard Wallace, Esq. Letter of J. Bedingfield, Esq. Letter on Mr. Squibb's Case of an Acephalous Child. Correspondence between George Drummond, Esq., and the Secretary of the Promoter Life Assurance. Election of Fellows of the College of Surgeons. On the Pronunction of the word "Hyoid." The Duty of Local Societies. Case of an Acephalous Child. The Quackery of Patent Medicines. On an Extraordinary Fœtus. Shares in the Institute. New Remedy for Shortsightedness. Application of Nitrate of Silver in Affections of the Larynx, by J. Bedingfield, Esq. Poor-law Medical Relief, by Aristides the Younger. Mesmerism—Is it True or False? By Dr. D'Alquen. Foreign Substance in the Bronchial Tubes. Dr. Rademacher's Theory and Practice. A Case of Acephalous Fœtus. By F. J. Prior. The Census of 1851, in relation to Public Lunatic Asylums—Letter from Forbes Winslow, M.D., to the Registrar-General. The Registrar-General's reply.

MEDICAL INTELLIGENCE.

Opening of Queen's College, Birmingham. The British Medical Fund Munificent Charity. Abolition of Intramural Interments. The Incorporation of the General Practitioners. Professor Sands Cox, F.R.S., Lectures at Queen's College. Report by the Committee of the South Eastern Branch of the Provincial Medical and Surgical Association. Registrar-General's Report on the Health of London during the past week. Degree of M.D. conferred at St. Andrew's, on the 18th of October. British Medical Fund. Professor Forbes's Introductory Lecture at King's College. University of St. Andrew's—Medical Examination Papers. Alleged Charge of procuring Abortion. Health of London during the Week. The Health of London. Medical Degrees conferred chiefly upon English General Practitioners at the University of St. Andrew's. Professor Erichson's Introductory Lecture at University College. Health of London during the week. British Medical Fund. Death of M. Tanchou. Medical Society of London. Report of the Sydenham Society. Public Health. University of London—Second Examination for Bachelor of Medicine. Answers to Correspondents. Medical Society of London. London University Examination. The Public Health. Royal Medical and Chirurgical Society. London University Examination Papers. Health of London during the week. Commissioners of Lunacy. Apothecaries' Hall Pass List. Poor Law. Medical Society of London. Parotid Tumour. Subcutaneous Bursæ, their Anatomy, Pathology, and Treatment. The Artificial Oviduct. Epidemiological Society. Dr. Babington's Address. Infectious Nature of Cholera. Health of London during the Week. Report of the Meeting of the National Institute of Medicine and Surgery, on Wednesday, December 11th.—The Amended Medical Reform Bill. Medical Society of London.—Medical Inhalers. Case of Cauliflower Excrescence from the Os

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MEDICAL NEWS.

Popular Prejudice against Vaccination—Pass List of the Royal College of Surgeons, Apothecaries' Hall and University of London—Botanical Society of London—Obituary—Longevity—Registration of Students—Epidemiological Society—Answers to Correspondents. Health of London during the Week. Obituary. Notices to Correspondents.

THE PHILOSOPHICAL GAZETTE.

Poison of Lead.—Dr. Scoffern's Patent. Cause of the Green Colour of the Water of the Serpentine. The Indian Bael or Bela. Use of Anæsthetic Agents during Surgical Operations, at an early period, by the Chinese. Composition of the Blood of New-born Animals. Influence of a Salt Diet in the composition of the Blood. On the Physiological Action of Analogously-composed Organic Matter. The late Attack of Cholera at the Sea-Locks, Cardiff. Report on certain substances found at Cape Riley, in the Arctic Regions. By Sir John Richardson. Memorandum of Microscopical Observations on the Wood and other substances from Cape Riley. By Dr. Andrew Clark. Dr. Faraday's Discovery of the Magnetic Properties of Oxygen. Chemistry.—Chemical Properties of the Vegetable Alkaloids, Morphine, Narcotine, Quinine, Cinchonine, Strychnine, Brucine, Veratrine, Salicine. Anatomy of the Cetacea. Interesting Ornithological Discovery—Large Birds of New Zealand. Citrate of Cafeine. Chemistry.—Chemical Properties of the Vegetable Alkaloids, Morphine, Narcotine, Quinine, Cinchonine, Strychnine, Brucine, Veratrine, Salicine; with general remarks upon their distinctions and separation. Observations on the Adjustment of the Relations between the Animal and Vegetable Kingdoms, by which the Vital Functions of both are permanently maintained. Kreatine, a Constituent of the Flesh of the Cetacea. On the Action of certain Re-agents upon Quinine. Action of Chemical Agents on Sulphite of Lead. Method of Discriminating betwen Cotton and Linen Thread and Fabrics. On the Occurrence in the Animal Organism of a Body allied to Xanthic or Uric Oxide. Preparation of Atropine by means of Chloroform. The Action of Chloroform on the Sensitive Plant. On the Rapidity with which Sensation is Conveyed by the Nerves. Antagonism between Febris Intermittens and Phthisis Tuberculosa. Immersing the Hand in Fused Iron at a White Heat. Cantharidal Æther, and some Vesicant Preparations of Cantharides. On the Velocity of the Electric Current. Formula for the External Use of Glycerine. Composition of Cod-liver Oil. A New Acid Discovered in the Animal Economy. Malleable Brass. On the Fraudulent Sale of Cinchona Bark, exhausted of the Alkaloids. Sulphite of Lead Poisonous. Active Principles of Vegetable Remedies. Succinic Acid Discovered in a Diseased Liver. On a Peculiar Compound of Resin and Lard. Chemistry — Metamorphoses of Organic Substances in the Process of Fermentation, &c. In the Metamorphoses of Malic Acid into Succinic Acid. On the Preparation of Succinic Acid from Malate of Lime. Further Researches on the Production of Succinic Acid by Fermentation. Animal Heat. On the Mechanical Equivalent of Heat. By J. P. Joule, Esq., F.C.S. Identity of Aconitic, Equisetic, and Citridic Acids. By M. Baup. On the Tests for Strychnia. By A. W. Brieger. Structure and Optical Properties of the Eye. Dispersion of the Human Eye.

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II. The Practice of Excising Enlarged Tonsils.
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LXXXIV. Case of Fungoid Tumour growing from the Os Uteri.
LXXXV. Case of softening of the Cervical Portion of the Spinal Cord.
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The plans and estimates of the intended College will soon be published.

LECTURES.

LECTURES ON THE GERMAN MINERAL WATERS,

DELIVERED AT

THE HUNTERIAN SCHOOL OF MEDICINE.

By SIGISMUND SUTRO, M.D.,

Physician to the German Hospital.

LECTURE IV.

To-day, gentlemen, let us inquire into the chemical constituents of the various springs. The combinations are all binary; no ingredient being present with a compound radical, if we except the organic substance occasionally met with under different denominations; as *Baregine*, (found in Barèges, in France); *Theiothermine*, (from θεῖον = sulphur, and θερμος, hot, because it is observed in various hot sulphurous springs); *glairine*, (from glaire-mucus.) It is either an accumulation of lixiviated and alluvial organic remains, or of different germs, combined into a flocculent mucous substance, by coagulated albumen; or it contains the developed organizations of these germs. In order that living creatures may be formed in the water, its temperature must not exceed 40° Reaumur = 122° Fahrenheit.

The ingredients of the springs must, of course, be identical with those composing the crust of our earth. The water passing through various layers, dissolves, and carries off several particles, which are either soluble in water, or by means of substances combined with the water.

The elements composing the various ingredients are *electro-positive:* sodium, potassium, lithium, baryum, strontium, calcium, magnesium, aluminum, manganium, iron; or *electro-negative:* oxygen, nitrogen, hydrogen, sulphur, chlorine, bromine, iodine, fluorine, phosphorus, silicum.

You will not meet with any substance in its elementary state, with the exception of nitrogen and oxygen, but all in the usual combination of oxides with acids, or of halogens with their basic elements, or of sulphides with sulphur bases.

Sodium (Na) forms the most important constituent in the saline springs (with chlorine), in the bitter waters (as soda with sulphuric acid) and in the alkaline, and many acidulous springs (with carbonic acid).

If soda (Na·) be combined with carbonic acid, you have not to expect any other combinations in the water but carbonates; for soda being the strongest base after potash, would naturally expel weaker oxides out of their composition, and appropriate to itself the stronger acids.*

Suppose, for instance, you have a water with predominant carbonate of soda before you, you cannot find sulphate of iron in the same fluid. For the former salt would immediately disunite the latter as soon as they are brought into contact. You see, by mixing the two solutions, the soda attracts through its stronger affinity the sulphuric acid of the iron, forming sulphate of soda (Na·S ···) and allows its former acid to combine with the abandoned iron into carbonate of iron (Fe· C··).

If you wish to ascertain the presence of soda, you may do so by producing with sulphuric acid the characteristic crystals of sulphate of soda (Glauber's salts Na· S···), or you employ *antimoniate of potash* (K·Sb···) as a test. When the salt under examination is neutral or more alkaline, a white crystalline precipitate of antimoniate of soda (Na· Sb···) is formed, as you see taking place in part of the water prepared for the purpose (which contains most of the ingredients generally found in mineral springs). If acid should predominate, you have to neutralise the salt with some potash, before employing the reagent, for else the potash would leave its antimonic acid for the stronger acid of the salt, so that antimonic acid would merely be precipitated without expulsion of the soda; or by the partial loss of potash, the excess of antimonic acid retains the potash and falls down as biantimoniate of potash (K·2 Sb···). The solution both of the soda and the reagent must be concentrated in order that a precipitate should be readily formed.

Calcium (Ca) is rarely found as a haloïd salt with fluorine, but more frequently in its oxydised state with carbonic or sulphuric acid as carbonate or sulphate of lime (Ca·C·· or Ca·S···). The affinity of lime is inferior to that of the alkalies or of magnesia. Its combinations (with the exception of nitrate of lime and chloride of calcium) are scarcely soluble or insoluble in water, viz., gypsum (sulphate of lime=Ca· S···) is only soluble in 480 parts, and chalk (carbonate of lime = Ca· C··) not perceptibly. The solubility is, however, considerably increased by an excess of carbonic acid.

How is then the presence of lime to be detected? By adding a substance, which exerts a strong affinity for the lime and forms an insoluble compound with it. This we do by applying *oxalic acid* (C 2···) or *oxalate* of ammonia, the lime attracts the acid, and precipitates out of the solution as an insoluble salt of *oxalate of lime* (Ca· C 2···).

You see this process in another portion of the water placed on the table.

Magnesium (Mg·), mostly combined with acids as oxide (Mg·) Its salts are generally more soluble than those of lime; some, however, are scarcely soluble, as basis phosphate of magnesia, and fluoride of magnesium. To detect its presence, we employ *basic phosphate of ammonia*. The testing salt does not in this instance give up its acid only to the magnesia, but its base combines with the existing salt, and forms an insoluble double salt, *of phosphate of ammonia-magnesia*, which consequently precipitates. Or we employ phosphate of soda, which also gives a precipitate of phosphate of magnesia, the soda giving up its acid to the magnesia and combining with the acid previously present. The precipitate will be more perfect, if we add *ammonia*, because this will attach itself to the phosphate of magnesia and form the less soluble double salt. The solution ought to be ammoniacal, for excess of acid dimishes the insolubility. Carbonate of potash also precipitates magnesia as carbonate; but part of the magnesia remains in solution as bicasbonate (in an excess of carbonic acid).

Iron (Fe) is either connected (as oxide) with carbonic, crenic, sulphuric, or muriatic acid. It is mostly found as protoxide (Fe·) in combination with the weakest acids, and kept in solution by an excess of carbonic acid. It is seldom combined with chlorine (as in spa.) If the protoxide of iron (Fe·) be present, *hydrosulphate of ammonia* (N H_4 S & H ') produces a black precipitate of *sulfuret of iron* (Fe S), from the neutral solution, the ammonia separating the oxydised iron from the acid by its stronger affinity, whilst the abandoned sulphuretted hydrogen gives up its hydrogen to form water with the oxygen of the protoxide, so that the elementary iron may form a compound with sulphur. *Ferrocyanide of potassium* (the yellow prussiate of potash, K_2 Fe Cy_3 + 3H·) causes a *whitish* precipitate, which soon becomes blue; the potassium having taken up the place occupied in the solution by iron, and caused the latter to combine with the ferro-cyanogen. By exposing the mixture to the atmosphere, more oxygen will be absorbed by the protoxide of iron, and given up again to the potassium, so that the colour becomes darker, by the deposit approaching more and more to prussian blue. By adding nitric acid, the oxydation of iron proceeds more rapidly, and consequently the formation of the mentioned blue precipitate.

Ferrid-cyanide of potassium (red prussiate of potash = K_3, Fe_2, Cy_6) causes a *dark blue* precipitate, resembling prussian blue—viz., ferrid-cyanide of iron (Fe_2, Cy_6 & Fe_3).

If the solution contains *peroxide* or *sesquioxide* of iron (Fe 2···), or, if the previous protoxide has been transformed into peroxide by the oxydising action of air or of nitric acid) hydrosulphate of ammonia will precipitate the iron as a black sulfuret, by the same process as in the former oxide. The peroxide is deprived of its oxygen by the hydrogen of the hydrothionic acid (H), the disunited sulphur then forms the same insoluble compound of sulfuret of iron (Fe S) as with the protoxide.

Prussian blue or *sesqui-ferro-cyanide of iron* (3Fe Cy_3 & F_4) is precipitated by adding *ferro-cyanide of potassium*. No precipitate is formed by *ferrid-cyanide of potassium*, which, however, communicates a green colour to the liquid.

Tincture of galls forms black *gallate of iron* (ink).

A highly important means for separating iron is furnished by *succinic acid*, after the solution has been neutralized with ammonia, in case acidity should have prevailed. A *dark red* insoluble powder of *succinate of iron* precipitates and may be transformed by glowing, into pure oxide.

Manganese (Mn) is generally found in the same combinations in which iron is met with. To precipitate it from the solution you make use of its affinity for sulphur, after you have separated the iron or alumina that may have been present.

Hydrosulphate of ammonia causes a gelatinous flesh coloured precipitate of sulphuret of manganese (Mn '). Exposed to the air, the latter is gradually decomposed by absorption of oxygen, into sulphur (S) and hydrated sesqui-oxide of manganese (Mn 2··· & H·). Carbonate of potash produces a white precipitate of carbonate of manganese, if manganese has been combined with another acid than carbonic.

Aluminium (Al) may either be present as oxide (alumina, Al 2···), or as double sulphate of alumina and potash (alum), or with phosphoric, or nitric acid. From the latter it is precipitated by

* You observe that I indicate the atoms of oxygen by round dots; those of sulphur by short dashes at the right superior end of the respective elements.

caustic ammonia or potash, but potash must not be employed in excess, else it would combine with alumina to form a soluble compound. For alumina resembles silica in this respect of displaying both acid and alkaline properties.

By the characteristic property of receiving a sky blue colour, if heated before the blowpipe on charcoal, with a solution of nitrate of cobalt ($Co^{\cdot} N_2^{\cdot\cdot\cdot}$)—even very small quantities of alumina may be detected.

Potassium (K) is occasionally combined with chlorine, more frequently as potash ($K^{\cdot}$) with sulphuric or nitric acid, always in very small quantities.

To separate it from sodium, we first remove the stronger acids by adding a soluble salt of baryta or lead. We then employ *bichloride of platinum* ($Pt Cl_2$) which produces a crystalline yellow precipitate of chloride of platinum and potassium (K Cl & Pt. Cl.). The double chloride is insoluble in alcohol (chloride of sodium and platinum is soluble in alcohol and water).

Strontium (Sr) is found as strontia ($Sr^{\cdot}$), with carbonic or sulphuric acid. *Nitrate of lime* ($Ca^{\cdot} N_2^{\cdot\cdot\cdot}$), dissolved in anhydrous alcohol, will cause a precipitate of nitrate of strontia. This is dissolved in water. *Oxalate of Ammonia* ($N H_4 O C_2^{\cdot\cdot\cdot}$) will then precipitate *oxalate of strontia* out of a concentrated solution as a white substance. If you glow the latter, the oxalic acid ($C_2^{\cdot\cdot\cdot}$) will be transformed into carbonic ($C^{\cdot\cdot}$) by the absorption of another atom of oxygen. Sulphate of strontia is precipitated by sulphuric acid, or by sulphate of lime (after some time). It is soluble in hydrochloric acid.

The flame of alcohol, in which a salt of strontia is dissolved, becomes carmine.

Lithion (Li) is met with in very minute quantities, combined with chlorine, or as Lithia ($Li^{\cdot}$) with sulphuric or carbonic acid. Phosphoric acid ($P_2^{\cdot\cdot\cdot}$) produces a white powder, which slowly sinks to the bottom. By phosphate of soda and ammonia you will likewise obtain a white precipitate. Or you may saturate the lithia and other bases with sulphuric acid; then deprive them of the excess of acid, by heating. You separate lithia from sulphate of potash or soda by alcohol, which leaves the two latter undissolved.

Baryum (Ba), extremely rare. It was found as carbonate ($Ba^{\cdot} C_2^{\cdot\cdot}$) in the evaporation of Ems and Selters water. The quantity is too minute to decompose the sulphates. Baryta is readily precipitated by sulphuric acid, sulphate of soda, or sulphate of lime, as a white mass, insoluble in hydrochloric or nitric acids. *Oxalate of ammonia* causes crystals of oxalate of baryta; but the solution requires to be stronger than if you test for lime. *Hydro-silico-fluoric* acid combines also with baryta into an insoluble salt.

Ammonium ($N H_4$) is extremely rare. The combinations in which ammonia ($N H_3$) exists as base, are easily recognised. If you heat their solutions with potash, soda, or hydrated lime, the ammonia escapes and allows the testing bases to unite with the remaining acid.

If exposed to heat on a platinum foil no fixed residue is left of the ammoniacal salts, the acid and alkali becoming volatilised (with the exception of such acids as are fixed at a red heat, as boracic or phosphoric.)

If you distil an ammoniacal solution with bichloride of platinum ($Pt Cl_2$), you obtain a *yellow* precipitate of chloride of platinum and ammonium ($Pt Cl_2$ and $N H_4 Cl$). This resembles the double chloride of potassium and platinum. To ascertain, therefore, whether ammonia or potash has been obtained, you have to ignite the compound, and treat the residue with water. *Nitrate of silver* will then help you to distinguish the alkali. If *ammonia* was the base which joined the platinum no re-action will ensue, for the chlorine and ammonium have escaped by the heat and left the pure spongy platinum. If, however, *potash* originated the precipitate, you will obtain chloride of silver by the test. For instead of the pure metal, you have chloride of potassium still attached to it, unvolatised by the action of heat.

Now, gentlemen, let us consider the acids, and electro-negative elements you have to seek in mineral springs.

Carbonic acid ($C^{\cdot\cdot}$, the most frequent), exists both in a free state, and combined with bases. There is some contained in the prepared water before you. We had to put pounded marble ($Ca^{\cdot} C^{\cdot\cdot}$) into a glass vessel. By adding equal quantities of hydrochloric acid and water, the carbonic acid yielded its position to the stronger acid, and passed off as a gaseous body into this liquid, where it helped to dissolve the carbonates of lime, of magnesia, and of iron, with which the water had been charged.

You are aware that carbonic acid is an irrespirable gas, much heavier than common air, its specific gravity being 1,527, so that 100 cubic inches weigh about 47½ grains. It not only prevents combustion by the absence of oxygen gas, but by a property of its own; for the light becomes extinguished if you expose it to a gaseous mixture of four parts of atmosphere, with one of carbonic acid. This power has been made use of lately in a very ingenious contrivance for extinguishing flames by means of chemical action.

Inspiration of pure carbonic acid is prevented by a spasmodic closure of the glottis. But if sufficiently diluted with air, it may enter the lungs, and exhibit deleterious effects, as it has occasionally happened with persons who slept in a closed room with a burning fire.

And still this very same gas exerts such beneficial influences, if passing into another organic cavity, the digestive canal. Its presence causes our beverages to be palatable, whilst its absence renders them insipid.

You will probably have seen carbonic acid, as a semi-solid body, in a congealed state, producing such a sensation of intense cold, that it cannot be distinguished from that of burning. This process induces the probability, that at very great depths it may exist in a liquid or solid condition, assuming the gaseous form, when brought into contact with the atmosphere, it becomes relieved of the compressing forces.

You will remember that 100 volumes of water absorb about 106 of carbonic acid at the common atmospheric pressure, whilst in proportion to increased weight a greater amount may be absorbed. But as soon as that inordinary contracting power ceases, the elastic body will expand, and the supernumerary volumes will be driven off, under the appearance of *sparkling* or *effervescence*, till the equilibrium will be restored between the gaseous contents of the liquid and the circumbient air. That a very small quantity of carbonic acid is always admixed to the atmosphere is well known, forming another instance of the great utility, or even necessity, of an apparently injurious substance, fixed to its appropriate measure by the working apparatus of nature.

To discover the presence of free carbonic acid in a liquid, we have merely to add *lime water* ($Ca^{\cdot}$ & $H^{\cdot}$), you see directly a milkiness arise, which becomes a white precipitate of *carbonate of lime* ($Ca^{\cdot} C^{\cdot\cdot}$). By adding some more water, the former clearness and transparency is reproduced, because the additional carbonic acid redissolves the precipitate.

Tincture of litmus becomes red, if added to the carbonated water. No reaction will be produced by litmus, after the water has been boiled, for the carbonic acid has been driven off by the expanding power of the gradually extending watery vapours, which will fill up all interstitial vacancies, and expel heterogeneous gases, till their own bulk overcomes the diminished atmospheric pressure, when entering into a gaseous condition.

The carbonic acid thus escaping may be conducted into a solution of *sub-acetate of lead* ($_3Pb^{\cdot}$ &. $C_4 H_3 O_3$), when carbonate of lead ($Pb^{\cdot} C^{\cdot\cdot}$) will be precipitated.

Chloride of baryum ($Ba Cl$), or chloride of calcium ($Ca Cl$), mixed with caustic ammonia, will also cause precipitates of carbonate of baryta, or of lime, the ammonia forming hydrochlorate of ammonia with the chlorine.

If carbonic acid be combined with metals or earths it may be driven off by a strong heat. From the alkalies it may be separated by the superior affinity of a stronger acid.

Sulphuretted hydrogen ($H S = H'$) or *hydrothionic acid* (from ὕδωρ, water, and θειον, sulphur), is likewise a gaseous acid often evolved out of mineral springs.

You recognise its presence in the solution before you by the characteristic *smell of rotten eggs*. I may mention here, by the bye, that one cold sulphureous spring, viz., *Weilbach*, near Mainz, exhibits the curious property of smelling and tasting more like fresh than rotten eggs, though it possesses two cubic inches of sulphuretted hydrogen in 16 ounces. The acid was just prepared by placing pieces of *sulfuret* of iron (Fe S) into a bottle, and pouring dilute sulphuric acid (one part to eight of water) upon them. The gas was then passed by a bent tube through water, to become freed of any mechanical admixture, and thence conducted into this bottle of distilled water. I need not explain to you, that the tendency of the sulphuric acid to combine with iron, caused that metal to disunite the elements of water, and to absorb its oxygen; *sulphate of iron* being thus formed, the bereft sulphur enters into combination with the equally abandoned hydrogen to form the sulphuretted hydrogen gas.

By a great pressure it may be transformed into a limpid liquid. It bears in many other respects great analogy to carbonic acid. Its effect is deleterious, if only present at the proportion of one eight hundredth part. In one experiment, the death of a horse was produced by an atmosphere, to which one hundred-fiftieth part of the gas was admixed. Its specific gravity is 1,180, and one hundred cubic inches weigh 36 three-fifths grains. It reddens litmus paper, and forms salts with alkalies. Muriatic and sul-

phuric acids decompose the hydrosulphates, as they do the carbonates.

If you merely expose the solution to air, its hydrogen will gradually be absorbed by the atmospheric oxygen, for the formation of water, and the sulphur will become deposited.

It is equally decomposed by the halogens chlorine, iodine and fluorine, which absorb its hydrogen, and leave the sulphur isolated. From this property chlorine is stamped to such a powerful purificator of volatile animal effluvia. The strong affinity of metals for sulphur, causes likewise its ready decomposition, for the formation of sulfurets—and water.

Though water possesses the property of absorbing a considerably greater quantity of sulphuretted hydrogen than of carbonic acid, still a comparatively small proportion is evolved, even in the most powerful sulphurous springs, viz., from a fraction of a cubic inch to two or three cubic inches.

To detect its presence, we have merely to moisten a piece of white paper with a solution of *acetate of lead.* The immediate production of blackness is due to the above-mentioned affinity of lead for sulphur, which leads to mutual decomposition. The oxide of lead gives up its oxygen to the hydrogen of the hydrothionic acid for the formation of water—and sulfuret of lead. A solution of the acetate will, on the same account, cause a *black* precipitate of *sulfuret of lead.*

Chlorine (Cl) gas is never present in its elementary state. Even if mixed with air, it would produce great irritation of the fauces and a suffocating sensation. You are aware that its specific gravity is greater than that of the mentioned gases, viz., 2.47, so that 100 cubic inches weigh 76½ grains. About four atmospheres are sufficient to compress it into a yellowish liquid. You know that under the influence of light the chlorine decomposes water, and unites with its hydrogen. You are further acquainted with its power of bleaching, and removing animal and vegetable colours, under evolution of muriatic acid and oxygen; but we have chiefly to look for chlorine in combination with sodium as *culinary salt,* or as muriatic acid with bases. At all events its presence is readily detected, by the flocculent precipitate which you see formed, as soon as we add a solution of nitrate of silver ($Ag\cdot N_2\dddot{O}$) to this clear liquid.

The affinity of *chlorine for silver* causes the decomposition. The oxygen, combined with the silver, oxydises the basic element to which chlorine had been attached, so that a new nitrate is formed in the solution, whilst the chloride of silver falls down. Nitric acid does not dissolve the precipitate, but ammonia restores the liquid to its former transparency, because it forms muriate of ammonia with the chlorine and allows, the silver to be redissolved in the nitric acid.

Iodine (I) is frequently met with in mineral springs, but invariably in a combined state. Its elementary characters are too well known to allow of their being further alluded to. Though it appears as a solid, bluish, shining body, more than three times heavier than water, it exhibits great analogy to chlorine. Its vapour exhibits the remarkable density of 8·7, so that 100 cubic inches weigh 271⅓ grains.

Water does not dissolve it easily (only the seven thousandth part), but it is perfectly soluble in alcohol and ether.

Its quantity in the springs is too small to be acted upon by reagents without employing a very large quantity of water. I avail myself, therefore, of a solution of iodide of potassium for our present purpose. You well know the great affinity of iodine for *starch,* which is made use of for its detection. But before applying the test, we separate the iodine from the potassium by adding nitric acid, which both oxidizes the latter and then forms a soluble nitrate of potash with it. If we now pour a solution of starch into the liquid, the *dark purple* precipitate will at once inform you of the presence of iodine.

The straw-coloured precipitate formed by nitrate of silver is less soluble in ammonia than the chloride of silver, and nearly insoluble in nitric acid.

Soluble *salts of palladium* (for instance, nitrate,) precipitate the iodine as a black insoluble powder of *iodide of palladium.*

Iodine is only found in saline waters.

Bromine is rarer still, and generally found in combinations analogous to those of iodine. The element is well known to you as a blackish red liquid of a peculiarly marked odour. Its specific gravity is 3·, that of its vapour 5·39. Its best solvent is æther, though water dissolves it likewise. It also exercises an injurious influence on animal life.

To recognize it you may heat a bromide with nitric or hydrochloric acid, when bromine will be separated. Nitrate of silver produces a yellow precipitate.—Though its quantity is very small, its therapeutic value is considerable; the more so, as it is often contained in greater abundance in the mother lye of salt springs, than in the sources themselves (as is the case in Kreuznach).

Fluorine (Fl) is extremely rare, and only found in combination with silica. It is recognised by treating its compounds with sulphuric acid. Fumes of hydro-silico-fluoric acid are formed, with their characteristic property of corroding glass.

Sulphuric acid ($S\dddot{O}$) is frequently found in combination with bases, but never in an isolated condition. Its separation by *chloride of baryum,* or nitrate of baryta, is too familiar to you to require further explanation. I add hydrochloric acid, but the precipitate remains insoluble. Sulphate of soda, of magnesia, or of lime, is ordinarily the combination in which you meet with the sulphuric acid.

Silicic acid or silica ($S\dot{i}\ddot{O}$), almost exists in every spring.

You are aware of its curious property, to have an isomeric soluble modification (if a certain proportion of water is attached to it), whilst it is usually an insoluble powder, attacked by no other acid but the hydrofluoric. Quartz-rock, sandstone, flint, almost exclusively consist of silica. By exposing transparent rock-crystal to a red heat, and then immersing it into water and pounding it, the infusible and insoluble white powder of silica may be obtained, only fusing before the oxy-hydrogen blow-pipe.

But if you prepare the same acid out of a concentrated warmed solution (for instance, of silicate of potash, $K\cdot S\dddot{O}$), by hydrochloric acid, the massy precipitate obtained is soluble in potash, whilst a part of the silica remains dissolved in the acid solution. It seems, then, that if, at the formation of silicic acid, water has been present, the soluble modification results, whilst you have only to expel the water from the above solution and precipitate by evaporation, to obtain the insoluble modification, unchanged by hydrochloric acid, and scarcely soluble in cold alkaline solutions.

From its insolubility, it does not redden litmus. If you heat one part of silica with three of carbonate of potash or soda to redness, the carbonic acid escapes, and a deliquescent vitreous mass results, perfectly soluble in water, with an alkaline reaction, and a tendency to attract carbonic acid from the atmosphere. If you employ, however, three parts of silica to one of the alkali, you obtain the insoluble transparent glass.

Whether silica presents itself in the mineral waters in its free state, or combined with alkalies, is not ascertained. The above-described properties sufficiently mark the mode of its detection.

Nitric acid ($N_2\dddot{O}$) is very rare, and when present only of a small amount, in combination with alkalies. It is recognised by separating the nitric acid through the agency of sulphuric. If we warm it then with some *sulphate of indigo,* the blue colour vanishes. Or if you put copper filings into a heated solution of a nitrate mixed with sulphuric acid, the copper decomposes the nitric acid, absorbing part of its oxygen, and setting free the characteristic orange-coloured fumes of nitrous acid and nitric oxide.

Phosphoric acid ($P_2\dddot{O}$), in the tribasic modification ($H\cdot$ & $P_2\dddot{O}$), is occasionally found in combination with alumina and lime.

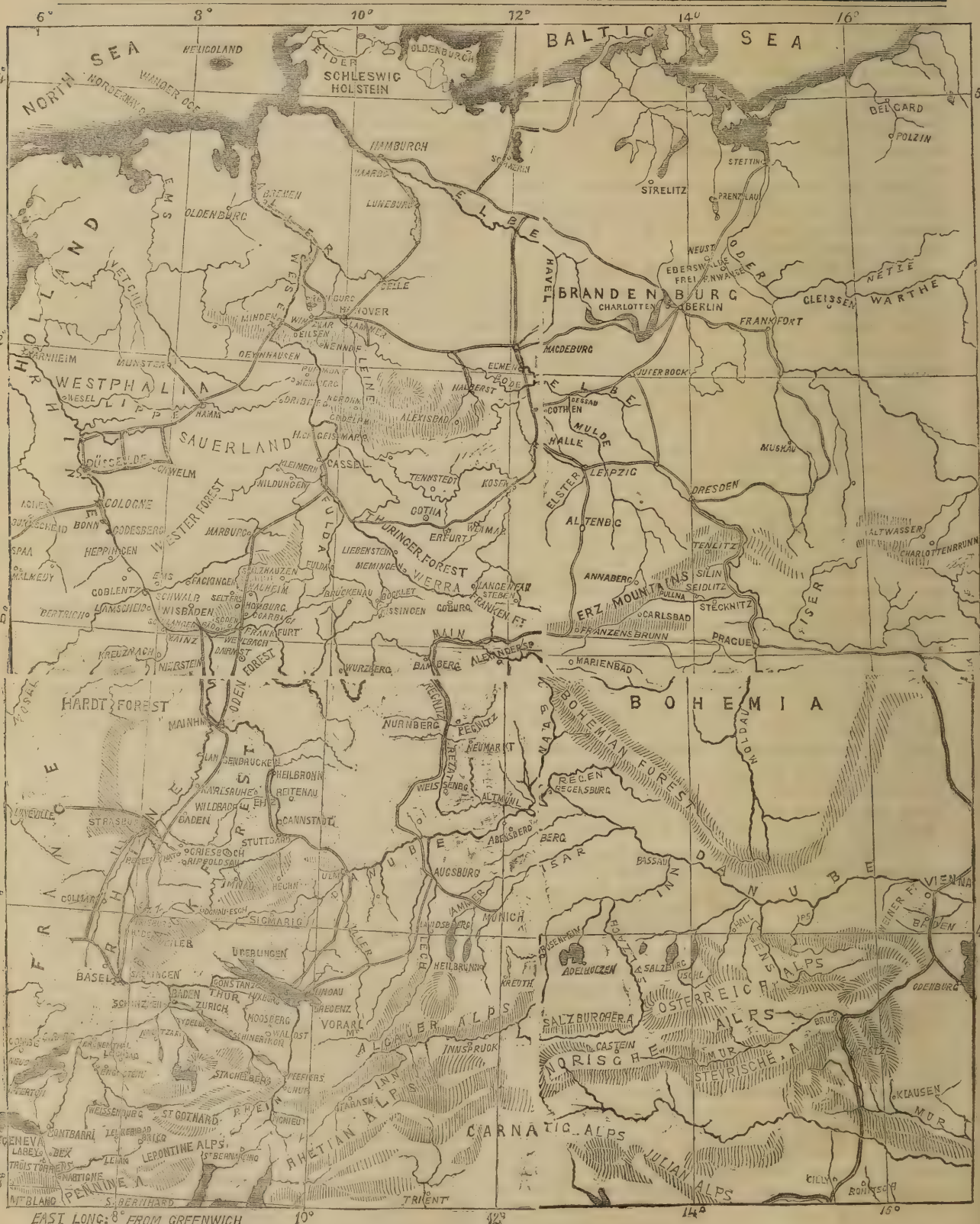
To detect it, you have in many instances merely to remove the carbonic acid by lime water, several phosphates being dissolved in an excess of carbonic acid only. Nitrate of silver produces a yellow precipitate (tribasic phosphate of silver = 3 Ag· and $P_2\dddot{O}$), soluble both in nitric acid and ammonia. A white precipitate of *phosphate of lead* (3 Pb· & $P_2\dddot{O}$) is obtained by testing with acetate of lead ($Pb\cdot C_4H_3O_3$, and 3 Aq). Heated before the blow-pipe, this precipitate becomes a semi-transparent bead, and crystallises in cooling. This lead salt is *not* reduced to its metallic condition, by being heated in the inner flame of the blow-pipe.

Crenic acid (from κρήνη, source) must be considered as a product of lixiviated humus. It imparts a yellowish colour to the water during evaporation. It is separated by treating the carbonates with acetic acid. If you then add acetate of copper, the crenic acid will expel the acetic and precipitate, as *crenate of copper* in greenish white flakes, in the proportion of 93.19 of oxide of copper, and 6.87 of crenic acid.

Acetic acid ($C_4H_3O_3$) occurs in some springs, in the neighbourhood of coal or carbonaceous salt mines. It contains 47 parts of carbon in 100, whilst its oxygen and hydrogen are in an exact proportion for forming water. It results from acetous fermentation, as well as from destructive distillation of vegetable substances. It is separated by distilling with sulphuric acid. You remove the latter by baryta, neutralize with carbonate of potash, evaporate to dryness, and then extract with alcohol.

The affinity of acetic acid is superior to that of silicic and carbonic, but inferior to crenic acid.

The properties of *oxygen* (O) and nitrogen (N) need not be mentioned. Their exact quantity is determined by the eudiometric apparatus. After having removed the carbonic acid



by passing it into a mixture of chloride of baryum and ammonia. you mix with the gas under examination a sufficient quantity of hydrogen for binding the oxygen present. If you then pass an electric spark through the mixture, one volume of oxygen will disappear with two of hydrogen. Thus a third part of the diminished gaseous contents gives the quantity of oxygen. The remaining gas is nitrogen, and its amount is easily calculated by substracting the loss sustained. The quantity of oxygen being

generally small in the mineral waters, it is advisable to add a weighed quantity of this gas.

In the mud baths *carburetted hydrogen* (H_4) is developed by the presence of organic substances. It is decomposed by the electric spark into carbon and hydrogen. If you mix it with double its quantity of oxygen, you obtain carbonic acid (C··) and water (H·). Suppose, then, we wish to ascertain the constituents of a mineral water, for instance *Heppingen*, we ought first to acquaint ourselves with the *quality* of the dissolved substances. For this purpose, it is usual to take thirteen wineglasses, as we do now. We fill ten with fresh mineral water, and three with another portion of the same water, which has been boiled for about half an hour and filtered.

Tincture of litmus produces a red colour in the *first glass*, consequently there is free acid present. The nature of the acid we immediately determine by pouring the tincture into the boiled water. No reaction ensues. The acid must thus be a volatile one, viz. carbonic, (17 cubic inches of the gas are contained in 16 ounces).

Lime water forms an immediate cloudiness and precipitate in the *second glass*. We add some more mineral water, the deposit vanishes to give way to the former transparency, because the precipitated carbonate of lime re-dissolves in an excess of carbonic acid. This affords us a second proof of the nature of the free acid.

Tincture of curcuma shows no reaction in the fresh water of the *third glass*, but becomes distinctly brown in the boiled portion. This shows some carbonate of alkalies to be present.

Chloride of baryum poured into the *fourth glass* causes a deposit of *sulphate of baryta*. We add hydrochloric acid, the precipitate remains undissolved, (2 gr. of sulphate of soda are contained in 16 ounces).

Nitrate of silver produces in the *fifth glass* an immediate precipitate, not dissolved by the nitric acid we add; but ammonia restores the former clearness. From the insoluble *chloride of silver* we are informed of the presence of chlorine (three grains of chloride of sodium in sixteen ounces). If the precipitate should have a wine-red colour, we should suspect the presence of organic matter.

Oxalate of ammonia, or *bioxalate of potash* precipitates in the *sixth glass*, oxalate of lime. This, of course shows the presence of lime. The same test shows no reaction in the boiled portion; consequently, the lime was merely dissolved in an excess of carbonic acid, and separated by the liberation of its solvent (about $1\frac{1}{4}$ grains of carbonate of lime are contained in the water).

Basic phosphate of ammonia combines in the *seventh glass*, with the magnesia to form the insoluble ammonia-phosphate of magnesia ($2\frac{1}{4}$ grains of carbonate of magnesia are contained in 16 ounces.)

Caustic potash expels, through its stronger affinity in the *eighth glass*, containing boiled water, the metallic oxides and earths previously held in solution with the acid. The turbidity we perceive shows the presence of such oxides.

Neutral carbonate of potash withdraws *in the ninth glass* from those metallic oxides and earths, which are not combined with carbonic acid, their stronger acid, whilst they get separated as carbonates.

Ferrocyanide of potassium would produce *in the tenth glass* a blue precipitate of iron, if iron were present, but you do not see that reaction, the small quantity of iron, previously extant, having been liberated by the loss of carbonic acid.

In *the eleventh glass*, containing boiled water, antimoniate of potash shows by the precipitate the presence of soda.

Tincture of galls poured into *the twelfth glass*, will after some time, produce a purple and afterwards a black colour, if oxide of iron be present. The addition of lime-water, which binds the solving carbonic acid, will make the reaction stronger.

If, in the *thirteenth glass*, which contains boiled water, tincture of galls produces no purple colour, the iron was a carbonate, and has been separated by boiling. If the colour is greenish-brown, the presence of an alkali is shown.

This preliminary examination will throw in many instances a sufficient light on the contents of the springs; and I intend employing the tests in the same order at each special spa we shall have to consider, so that the mere greater or smaller readiness of the different re-actions, will give you a comparative view of the respective quantities.

However, to make an exact quantitative analysis of a given mineral water, we have first to evaporate a determined portion to dryness, and to weigh the residuum. If the acids and bases found subsequently, furnish an exactly corresponding weight, we may consider the analysis correct. The foreign gases escaping during ebullition, are to be collected according to the above rules.

The residuum is divided into two classes of bodies by distilled water, which removes all the soluble particles, leaving the insoluble in the filter. We first examine the salts dissolved in the water. For this purpose we have again to evaporate, to dry, and to weigh them. We divide, then, the dried salts into several portions. We examine *one* for *chlorine*, by acidifying with nitric acid, and then employing *nitrate of silver*; the precipitated chloride of silver contains in 100 parts, 24·67 of chlorine, or about *one-fourth*.

Another portion is examined for *sulphuric acid*, by chloride of baryum. We acidify with muriatic acid, and then precipitate sulphate of baryta with chloride of baryum; having dried and weighed the precipitate, we can easily calculate the amount of sulphuric acid, by knowing that 100 parts of sulphate of baryta contain 34·37 of *sulphuric acid*, or rather more *than one-third*.

Carbonic acid is also determined by chloride of The quantity of baryum, without addition of acid. Carbonate of baryta precipitates besides the sulphate, whilst the chlorides remain in solution. Deduct from the sum the known quantity of sulphate of baryta, found before, and the rest is *carbonate of baryta*, possessing 22·41 parts of carbonic acid in 100; thus rather *more than one-fifth*.

Nitric acid is ascertained by treating a portion with *sulphate of silver*. Nitrate of silver has thus been formed. We then expose it to distillation. The chlorine present having become deposited by silver, only nitric acid will distil over. By boiling with carbonate of baryta, nitrate of baryta will be formed. By precipitating with sulphuric acid, we obtain the exact amount of nitric acid, knowing that 34·68 parts are contained in 100, thus somewhat more than *one-third*.

We have now to examine for *the bases*. If earths or metallic oxides are contained in the water, they are better precipitated with carbonate of soda, and treated with the insoluble part.

One portion is now tested for *lithia*. It is precipitated by phosphate of soda. We evaporate the water, and weigh the precipitate; 100 parts of the insoluble residue (phosphate of lithia) possess 14·39 of lithia, that is *one-seventh*.

Another portion is tested for *potash*, by an alcoholic solution of bichloride of platinum. With 100 parts of the precipitate (bichloride of platinum and potassium) 19·33 of potash correspond, or rather less than *one-fifth*.

The quantities found till now must be so calculated, that acids and bases correspond in a manner to have a sufficient amount of acid as a rest, for the neutralisation of soda, the quantity of which is determined by deducting from the whole sum of bases those already obtained.

Magnesia is precipitated by basic phosphate of ammonia as an insoluble phosphate of ammonia magnesia, which possesses 4·22 parts of magnesia in 100, about *one twenty-fifth*.

The *insoluble residue* is now dried and weighed, and then treated with muriatic acid, and boiled till all carbonic acid is removed.

The presence of carbonates of alkalies in the soluble portion excludes the possibility of other acids existing in the insoluble part but carbonic, for they would have been attracted by the alkalies, with the exception of a small quantity of phosphates or fluorides. What, then, have we to seek in the acid solution?—Lime, magnesia, strontia, lithia, phosphate of alumina, oxide of iron, oxide of manganese, fluoride of calcium, and silica.

We evaporate and test for fluorine by *ammonia*, which combines with the solving muriatic acid, and causes fluoride of calcium to precipitate; 100 parts contain 47·73 of fluorine, thus rather less than one half.

We apply some more hydrochloric acid and heat, all other substances will be dissolved and silica left. We have to treat the solution now with *ammonia*, and we shall obtain several oxides as precipitates—viz., phosphate of alumina, oxide of iron, of manganese, and some magnesia. We put this precipitate by and first occupy ourselves with the liquid; by adding to it hydrosulphate of ammonia, we obtain *sulphuret of manganese* as a precipitate. We then over-saturate the liquid with acid, and expose it to ebullition. In the resulting precipitate we separate the magnesia from the lime by oxalate of ammonia. The precipitate, now consisting of oxalate of lime, of baryta, and strontia, is transformed by heat into carbonates, then by nitric acid into nitrates of these bases.

Absolute alcohol separates these by dissolving the nitrate of lime, leaving the others in the residue. We remove the alcoholic solution, precipitate the lime from it as an oxalate, and transform this by heat into *carbonate of lime*; 100 parts of which, correspond to 56 of lime.

The residue, now only containing nitrate of strontia and baryta, is washed with water and evaporated, then treated with muriatic acid, and again mixed with absolute alcohol, which only dissolves

muriate of strontia, which contains 55·28 parts of strontia in 100; the rest is muriate of baryta, the per-centage of baryta being 65·94.

We now resume the liquid out of which we had separated the lime, &c. We evaporate and ignite it, and add water. We then employ sulphuret of barium. *Magnesia* precipitates with some baryta. The latter is removed by sulphuric acid. If we add now sulphuric acid to the liquid, and find a residue after evaporation, it is *sulphate of lithia*, which is easily decomposed by baryta.

At this stage we resume the precipitated mass, produced by ammonia (before adding hydrosulphate of ammonia to the liquid). We dissolve and over-saturate it with muriatic acid, then boil with potash. We put the resulting precipitate by, and over-saturate the liquid again with acid, and then with ammonia. *Alumina* becomes precipitated, with or without phosphoric acid, having been driven out by the stronger affinity of ammonia.

The precipitated mass just before put by, is now treated with a solution of muriate of ammonia, and then with hydrosulphate of ammonia. We obtain *sulphuret of iron*, and in the liquid some traces of phosphoric acid and magnesia. The black sulphuret is now filtered and washed, then digested with hydrochloric acid which decomposes the sulphuret. By boiling we expel the hydrosulphuric acid formed. We then heat with nitric acid for the purpose of communicating more oxygen to the iron. By adding ammonia, the iron precipitates as a sesquioxide.

Having found the exact quantities of the acids and bases, they are somewhat arbitrarily connected in the analysis, according to the greater or smaller solubility of the different combinations. For as you have seen the analysis discovers no sulphate of soda, or chloride of calcium, or carbonate of iron, but only so much sulphuric acid, so much chlorine, &c.

The above short outline will assist you in comparing the constituents of a spring obtained by yourselves with any given analysis, though, of course, many modifications are made use of in the different processes.

I shall now bring to your notice the classification adopted by Vetter, who divides all the mineral waters into two large classes, viz., *Akratopegæ* (from α negativum, κρατος power, and πηγη spring), such springs which have as it were powerless constituents, though their efficacy may be highly potent, and *synkratopegæ* (from συν with, κρατος power, and πήγη spring), such mineral waters in which the power of the constituents to a certain measure corresponds with the observed efficacy.

We shall first occupy ourselves with the waters belonging to the former class, also called "chemically indifferent." They are clear, tasteless, and generally inodorous (sometimes weakly indicating the smell of sulphuretted hydrogen), of nearly the same specific gravity as water, and containing in sixteen ounces less than five grains of solid ingredients, and not above the tenth part of the quantity of gas which would correspond to their tension. The constituents are not such as exhibit strong efficacy in small quantities.

These are subdivided into:—

Akratothermæ, chemically pure thermal springs, as Gastein, Landeck, Pfeffers, Teplitz, Warmbrunn, Wildbad, &c.

Akratokrenæ, chemically pure cold springs.

The akratopegæ arise out of primitive mountains or such as are composed of little soluble fossils, they are alkaline or earthy, deficient of gas, with the exception of nitrogen or sulphuretted hydrogen. The more water approaches chemical purity, the greater is its latent heat; therefore they stimulate more than common baths of the same temperature. Thtir power of solving animal evaporation and of entering the peripheric vessels is likewise greater, therefore lively crises may ensue. They are particularly useful, where earthy formations prevail, or are deposited in tissues, from a deficient power of transforming them into secretions, and from diminished circulation. On this account they are especially adapted to old age, affording the so-called youth restoring power, by increasing the strength of innervation, and the pliancy of the limbs affected by rigidity and weakness.

With this lecture, gentlemen, the general part of our subject closes, and at our next interview I shall have the pleasure of directing your attention to *Wildbad*, the celebrated Akratotherma of the Black Forest.

(*To be continued.*)

ORIGINAL COMMUNICATIONS.

MEDICAL ARCHÆOLOGY.

By GEORGE JAMES SQUIBB, Esq.

NO. IV.

ROYAL TOUCH FOR KING'S EVIL.

"'Tis called the 'evil,'
A most miraculous work in this good king;
Which often, since my here remain in England,
I have seen him do. How he solicits Heaven,
All swoln and ulcerous, pitiful to the eye,
The mere despair of surgery, he cures;
Hanging a golden stamp about their necks
Put on with holy prayers."

Macbeth. Act IV., Scene 3rd.

From the history of Greatrakes, our attention is naturally drawn to the extraordinary cures of scrofulous disorders by the royal touch. The kings of France claimed this curative power from the time of Clovis, and ours from that of Edward the Confessor. "The curing of the King's Evil by the touch of the king does much puzzle our philosophy (says Aubray). For, whether the king be of the House of York or Lancaster, it is equally useful. I, too, give this account of the origin of the Royal Touch in the case of King's Evil:—A young woman who was afflicted with this disease, dream't that she should be cured if the king would but bathe the parts affected. The king did so most carefully, making the sign of the cross. The tumours were softened, the skin broke, and the woman became cured within a week afterwards." Gilbertus Anglicus, an old medical writer of the thirteenth century, speaks of the practice as of ancient standing; and Sir John Fortescue, Chief Justice of England in the reign of Henry the Fifth, represents the gift of healing as a privilege which, time out of mind had belonged to the royal line. Archbishop Bradwardine, in his work on Providence, bears testimony to wonderful cures performed both in England and France, by the imposition of hands, with prayer and benediction. In 1597, Dr. Tucker, Canon of Exeter, published a Latin Treatise on the subject, in which he relates many cases wherein the royal touch had succeeded. The Doctor's object was to prove that the gift had descended to Queen Elizabeth; and he mentions whole families that had been healed by her Majesty's hand. The assumption gave such offence to Martin Debrio, the Jesuit, that he answered Tucker with great asperity, contending that the precious donative was confined solely to Catholic kings. After him, to the same purpose, came Andrew Laurence, a French physician, who in 1609 claimed for the kings of France the exclusive title to this privilege of curing the evil. The original work is entitled '*De Mirabili Strumas Sanandi vi Solis Gallice Regibus, &c. Authore, Andrea Laurentio, M.DC.IX., Parisiis.*' In this work the author enters fully into the subject, *A quo tempore cæperunt Reges Christianissime Strumoses sanare;* after a most elaborate chapter upon the royal dignity he attributes to Clovis the commencement of the royal touch, as I have before mentioned. In the reign of Carles II., John Brown, surgeon to that Prince, published a work with this title, 'Adenochorologia, or the Royal Gift of Healing by the imposition of the hands of our Kings of England and France.'* This Treatise, which was licensed by the College of Physicians, contains many instances of cures performed by the king; as well before as after the restoration. Brown says, that Cromwell laid claim to this sanative virtue, but could not succeed, and how should he, when he was a usurper? That Oliver, who had superstition enough, might wish to persuade people into the belief of his possessing a supernatural gift, is very likely, but in this case the probability is, that he acted from motives of policy. Brown states that during the interregnum, when the king was in exile, there was a merchant who made it his business, every spring and fall, to convey people from Scotland and the North of England, to the king, in Flanders, to be touched. Brown gives a register of the patients who had passed under the royal hands for twenty-one years, and that the number in 1682 was no less then 8,577; but Dr. Carr adds, that the total number in this reign was 92,107 patients. Wiseman, who was serjeant-surgeon to the same king, states in his works, "I, myself, have been a frequent eye-witness of many hundreds of cures performed by his Majesty's touch alone, without any assistance of chirurgery; and those, many of them, such as had tired out the endeavours of able chirurgeons before they came thither. It were endless to write

* Brown's work is entitled '"Adenochorologia, or an Anatomick-Chirurgical Treatise of Glandules and Strumas.' Printed by Thomas Newcomb, over against the Exeter Change, 1684. It is divided into three books, the first Adenographia; second, Chœradelogia; third, Charisma Basilicæ, or Royal Gift of Healing.

what I myself have seen, and what I have received acknowledgments of by letter, not only from the several parts of this nation, but also from Ireland, Scotland, Jersey, Guernsey, and Germany." William Beckett, another English surgeon, took the same side of the question, in 'An inquiry into the antiquity and efficacy of Touching for the King's Evil.' His reasoning upon the subject is thus given:—"Most certain it is, in the disease I am speaking of, the blood abounds with a viscous juice, and moves slowly; it wants that brisk intestine agitation of its particles that it ought to have as a warm fluid, and such as it enjoys in a sound and hale constitution, from whence obstructions in the glands and other evils are wont to arise. But when the imagination becomes fired with the hopes of a succeeding cure, the whole mass of blood becomes as it were irradiated by the spirits contained in it, by which means those corpuscles which make that fluid viscous, or ropy, or dispirited, become easily disengaged from the other principles it was before blended with; and the whole mass being put into a more brisk and kindly agitation, may force upon the obstructed canals, help it to throw off the heterogenous particles, and dispose it to circulate as freely as it ought in those vessels that constitute the glands, which would scarcely before, or but very sparingly, admit of it."

James the Second exercised this prerogative with as much success as his brother had done, and when at Oxford, a little before his abdication, he stroked for the evil in Christ Church. It does not appear that his successor William assumed the power of healing, nor his queen, though the daughter of James. Her sister Anne, however, asserted the hereditary privilege of the family, and among others, Samuel Johnson was touched by her when he was between two and three years old; but he carried the scrofulous taint to his grave.*

The late Bishop Douglas, in his valuable 'Treatise on Miracles,' says, "I have met with a man who assured me that Queen Anne's touch, and the medal which she hung about his neck (and which I saw about it above twenty years after), had cured him when in a most deplorable way."

Mr. Dicken, Serjeant-Surgeon to Queen Anne, declared to a physician of the strictest honour and probity, that he had in his possession great numbers of letters written to him by persons of character and distinction from most parts of England, attesting the recovery of their relations, acquaintances, and servants, who had come up to London to be touched, and thanking him for the trouble he had taken; that he himself could, from his own knowledge, affirm that several who were touched received benefit, and in particular he related one case which I shall here mention.

"A woman came to him, begging that he would present her to be touched by the Queen. As from her appearance he had no great opinion of her character, he told her the touch would be of little service to her, as he supposed she would sell her medal, which must continue about the neck to make the cure lasting. She promised to preserve it, was touched, had the medal given to her, and soon after her sores healed up. Forgetting her promise, and now looking upon the piece as useless, she disposed of it, but soon after her sores broke out once more. Upon this she applied to Mr. Dicken a second time, earnestly entreating him to present her again to the Queen. He did so, and once more she was cured."

There was in all our Common Prayer Books from the reign of Edward VI. to George I., a "form to be used at the healing," but after the accession of the House of Brunswick this addition to the liturgical offices was omitted.†

The late Judge Barrington, in his observations on the statutes, relates what he had heard from an old man who was a witness in a cause. He had, by his evidence, fixed the date of a fact, by Queen Anne's having been at Oxford and touched him there for the evil, when a child. I asked him whether he was really cured? Upon which he observed, with a significant smile, "that he believed that he never had the complaint, but that his parents had no objection to the bit of gold."

Gemelli, the famous traveller, gives an account of sixteen hundred persons offering themselves to be cured of the evil by Louis XIV., on Easter Sunday, in the year 1686. Gemelli himself was present at the ceremony, and says the words used were, "*Le Roy te touche, Dieu te guerisse.*" Every French patient received a donation of fifteen sous, and every foreigner thirty. The power of healing by the kings of France occasioned great resort to Francis I., while prisoner at Madrid, as the Spaniards had more faith in his touch than in that of their own kings. James II., when in exile, exercised this prerogative of his family, as also did his son, at Avignon. Of this supposed sanative virtue in the house of Stuart, there is a remarkable story told by Carte, in the first volume of the History of England, published in 1746.

"One Christopher Lovel, born at Wells, in Somersetshire, but when he grew up resided in the city of Bristol, where he got his living by labour, was extremely afflicted for many years with that distemper, and such a flow of the scrofulous humour, that, though it found a vent by five running sores about his breast, neck, and arms, there was such a tumour on one side of his neck, as left no hollow between his cheek and the upper part of his left shoulder, and forced him to keep his head always awry. The young man was reduced by the virulence of the humour to the lowest state of weakness; appeared a miserable object in the eyes of all the inhabitants of that populous city, and having for many years tried all the remedies which the art of physic could administer, without receiving any benefit, resolved at last to go abroad to be touched. He had an uncle in the place, who was an old seaman, and carried him from Bristol at the end of August, A.D. 1716, along with him to Cork, in Ireland, where he put him on board a ship that was bound to St. Martin's in the Isle of Rée. From thence Christopher made his way first to Paris, and then to the place where he was touched in the beginning of November following, by the eldest lineal descendant of a race of kings, who had indeed for a long succession of ages cured that distemper by the royal touch, but this descendant and next heir of their blood, had not, at least at that time, been either crowned or anointed. The usual effect, however, followed, from the moment that the man was touched and invested with the narrow ribbon, to which a small piece of silver was pendant, according to the rites prescribed in the office appointed by the church for that solemnity, the humour dispersed insensibly, his sores healed up, and he recovered strength daily, till he arrived in perfect health, in the beginning of January following, at Bristol, having spent only four months and some few days in his voyage. There it was, and in the week preceding St. Paul's fair, that I saw the man in his recovered vigour of body, without any remains of his complaint, but what were to be seen in the red scars then left upon the five places where the sharp humour had found a vent, but which were otherwise entirely healed, and as sound as any other part of his body. Dr. Lane, an eminent physician in the place, whom I visited on my arrival, told me of this cure, as the most wonderful thing that had ever happened, and pressed me, as well to see the man upon whom it was performed, as to talk about his case with Mr. Samuel Pye, a very skilful surgeon, and I believe still living in that city, who had tried in vain, for three years together, to cure the man by physical remedies. I had an opportunity of doing both; and Mr. Pye, after dining together, carrying me to the man, I examined and informed myself fully of all particulars, relating as well to his illness as his cure, and found upon the whole, that if it is not to be deemed miraculous, it at least deserved the character given of it by Dr. Lane, of being one of the most wonderful events that has ever happened."

There are abundance of instances of the cure of the king's-evil by the touch of our English princes in former times, mentioned by Tucker, in his book on that subject; and it is observable that the author was himself an infidel on that head, till convinced of his mistake by the late learned Mr. Austin, garter king-at-arms, who furnished him with those proofs out of the English records, which attest the facts, and are printed in that treatise. But I am apt to think there never was an instance in which the distemper had prevailed to a higher degree, or the surprising cure of it was known to such infinite multitudes of people, as in the case of Christopher Lovel.

This narrative being copied into the *General Evening Post*, produced the following observations by an anonymous correspondent from Bristol:—"Physicians and surgeons all agree that change of air and diet, with a long course of exercise, are the most probable means of removing and curing all chronic disorders. All these Lovel must necessarily have had from St. Martin's in France, to Avignon, and back again to England. Every day, nay, every hour he travelled he must imbibe new columns of air. His food, which before was beef, pork, and such sort of coarse scorbutic diet, was thin light soups and vegetables. His drink at home was generally large draughts of ale and spirituous liquors; whereas abroad it was water, or perhaps sometimes a little wine. This alteration of diet, with daily exercise, must doubtless have had a salutary influence upon his disease.

"When he had been touched by the Pretender at Avignon, he was immediately put under the care of physicians and surgeons,

* In Boswell's 'Life of Johnson,' Croker's Edition, page 7, it is stated that Dr. Samuel Johnson was taken to London by the advice of Sir John Floyer, a celebrated physician at Lichfield. "He had," he said, "a confused, but somehow a solemn recollection of a lady in diamonds and long black hood." This touch was, however, without any effect.

† In the library of the Royal Medical Chirurgical Society is a Prayer Book printed in the reign of Queen Anne, 1705, which contains the prayers "at the Healing." It was presented to the library by Dr. George Gregory, who has prefixed an interesting notice to it relative to Dr. Samuel Johnson, to which I have already referred.

who used their art upon him, imagining the latter more efficacious than the former. After near five months' absence he returned to Bristol, and declared himself healed by the touch. But, alas! his cure lasted but a short time; his sores broke out in many other parts of his body with violence, so he returned into France again, in hopes of the same success; but the poor wretch never reached Avignon, but died miserably on the road."

I cannot conclude this subject, however, without mentioning that the early treatment of scrofula contained much that was good, and in truth has come down to our own time, substituting iodine for the ancient spongia usta. The following prescription of Arnuldus Villanovus is essentially a useful one.

℞ Pilæ Marinæ
Spongiæ Marinæ
Ossis Sæpiæ
Piperis Longi
Piperis Nigri
Zinziberis
Cinnamomi
Pyrethri
Salis Geminei
Gallarum Spinæ Rosarum.
ana quant. satis.

Omnia sublissime pulverenzantur, excepta
Spongia et pilis marinis, quæ prius secundem artem comburantur, postea cum aliis rebus misceatur.

This was to be made into boluses, and placed under the tongue twice or thrice a day.

Andreas Laurentius gave the following with much advantage: Salsæ parella, with guiacum, sassafras, and China root, nearly resembling our former Decoct. sarsæ comp., in combination with the baths and waters of Spa, Borbone, and Pau; this with the radix Scrophulariæ was his usual plan of treatment. For the hard indolent swelled gland he had a favorite liniment, which I will give verbatim:—

℞ Olei *Philosophorum*, vel ol. Langii resolvens.
Thuris
Mastichis
Gummi Arabici
Terebintinæ ana ʒ iii.

Pistata, simul per alembicum destillentur in vitro serva.
"Hujus Olei enunctu resolvit et dissipat strumas."

He speaks highly also of the fat of vipers, in conjunction with that of the "goose and pea-hen;" these remedies, with pills composed of aloes, turbith mineral, and pill cocchea (still existing), was not, I maintain, an irrational or injudicious mode of treating the disease.

John Browne, whose work I have already referred to, and who lived A.D. 1650 and 1690, treats most fully of the "Mode of Cure for the King's-evil," and has sundry "specifique," remedies, though certainly no material improvement upon those of Arnold Villa Nova, or Laurentius, as will be believed when one of his remedies, which he modestly calls "an experiment," is to "take a mole which has been sodden and then dried in the sun, then to be powdered, and made into an electuary, by adding honey thereto, to be made also into pills, and taken every morning." These have been known to "discharge all strumous swelling by siege." His grand specific decoction contained a multifarious collection of herbs, &c., including sarsaparilla, bugloss, asparagus, China root, &c.; but I must refer those who may be disposed to take an interest in this subject, to Browne's singular work, which, as I have already observed, is to be found in the Library of the Medico-Chirurgical Society.

REMEDIAL EFFECTS OF MINERAL WATERS ON THE HUMAN ECONOMY.

By R. HUTCHINSON POWELL, M.D., London.
(Late of Tunbridge Wells.)

THERE are few subjects in the extensive field of pathology and therapeutics to which careful research has not been directed, and yet, how often in practice, is one apt to overlook comparatively trite information, either from early impressions leading to routine practice, or want of well founded confidence in the agents at our command. I suspect that some such causes have been in operation, leading to the partial or total disuse of the very admirable and highly efficient form of medicinal agents here referred to. We have many treatises, foreign and domestic, on mineral waters, setting forth their efficacy in combating disease, or, at all events, its antecedent, *functional disorder*, and yet, how few in the profession use them? Do they not rather prescribe them as a *dernier resort*—as a sort of scape-goat for the indifferent success of more potent means, and by way of borrowing an idea from the homœopath's reveries? No man can practise his profession successfully at the present day without a confident and decided bearing towards his patients, who speedily perceive any want of this indispensable qualification; nor of course can any conscientious practitioner lay down a system involving expense, discomfort, &c., without well-founded reliance upon it. In the following remarks it will be my object, necessarily in a very general way, to elucidate the circumstances which should guide the medical adviser in selecting this class of remedies; indicating those indistinctly marked and intractable states of the system in which they are peculiarly applicable; and incidentally pointing out and substantiating their claims to our confident attention. I proceed to make a few general observations upon the latter head.

That the *ars medendi* would derive benefit from a revision of the mode in which the several constituents of our *materia medica* act, there can be little doubt. How many operate merely as mechanical agents, by protecting irritated surfaces; or by means of *endomosis* or exosmosis, &c.? Of the majority which take an active part in the chemical transformations incessantly going on in the system, what is the precise office filled by each? What number act so inscrutably as to defy the most acute observation? These, though at present not few, will continually decrease, from the more enlightened method of investigation obtaining of late years. Such are some of those complicated questions involved in any inquiry of this nature, and it is obvious that more rational views, as well as more successful practice, will attend our efforts to combat morbid operations, the more we unravel and define, as closely as imperfect data will permit, the kind and amount of extraneous influence brought to bear upon their removal.

Of the most obvious distinctions between ordinary medicinal agents, and those contained in mineral waters, arises from the minute portion of the latter present; which thus attain a degree of solubility not shared by any other remedies. In the ordinary solutions extemporaneously made in pharmacy, one is apt to think, that because the menstruum becomes transparent, the highest degree of union has ensued between it and the contained substance. But there is reason to conclude, that combinations of a more permanent character are formed, and that more perfect diffusion takes place, where favouring circumstances hold as to the quantity, the temperature, the gaseous constituents of the solvent, &c. Professor Graham's ingenious experiments as to the varying diffusibility of different saline solutions when suspended, and partially isolated in water, well illustrate this point. A mineral water when ingested, is thus almost directly absorbed by the capillaries of the stomach, and its constituents, without undergoing any material decomposition, enter the circulation in a nascent state; thereby gaining access into the *penetralia* of the vital operations, and reciprocating with the contained fluid in all its subsequent changes. This is an obvious source of the potent effects of mineral waters. Again, it is not improbable that affinities are brought to bear amongst two or more salts thus so favourably circumstanced, which originate compound bodies analogous to the vegetable alkaloids, or to the protein compounds of the animal kingdom, the presence of which is recognised only by their effects in modifying diseased vital processes, and converting them to healthy action. These considerations will have more weight, if the intolerant state of the digestive mucous membrane be borne in mind in a host of chronic maladies, in which ordinary medical doses, far from removing disease, only aggravate suffering. Nature plainly denotes in this class of remedies, the very gradual process by which changes are to be brought about in the human economy. A minute dose of mineral bodies is taken for a lengthened period, and such effect as pertains to each is almost imperceptibly brought about; thus approximating to and harmonizing with the ordinary assimilation of the materials which make up the healthy fabric.

This class of remedial agents, moreover, is to be distinguished from many bodies of vegetable, animal, or mineral origin, by requiring no vital process for reception into the vascular system; therein is an important feature, as the latter medicinal agents probably undergo many transformations, and considerable change of properties by the digestive process, and may require absorption by the agency of cells, prior to reaching the same destination. Further, soluble salts may be intercepted by the membranous walls of the capillaries; not having entered into that perfect solution and union with water, attained in the case of mineral waters. Again, a very dilute solution may gain admission through epithelial investments, which would resist more concentrated saline liquids; either from their purely constringent effects, or from their morbid sensibility.

The external application, moreover, of mineral water, in the

form of baths, opens out an efficient method of introducing remedies into the economy not afforded by ordinary means.

Such are a few of the causes which might be assigned in explanation of the peculiar claims of mineral waters to the favorable consideration of the prescriber; being sufficiently numerous and weighty to justify our confidence, and to satisfactorily account for any favourable result. Of course, numerous collateral influences contribute to this end; but enough remains to vindicate their claim to be considered highly useful and potent agents in the removal of incipient disease. Hence, without adverting further to the point at issue, I shall pass on to make a few remarks upon the principal mineral waters of this country; subdividing them according to their most active constituents, and the peculiar effects of each. Thus will require to be passed in review, the circumstances determining their use in the treatment of abnormal vital conditions.

Agreeing with Dr. Brown's remarks perused after writing thus far, I would beg leave to suggest that, in order to carry out in the most effectual manner my proposed undertaking, similar communications might be forwarded to the Editor of the 'Institute' or to myself, (21, Edwards-street, Portman-square). In this way the sanitive virtues of each and all of our native mineral waters may be made known in a highly trustworthy and pleasant form, as expressed by those most conversant with the remedies and related morbid states of the system respectively.

The writer's experience under this head, derived from a residence at Tunbridge Wells for some years, as well as familiarity with other English spas, will enable him to treat practically the proposed subject, especially if with the co-operation of the medical residents at each spa, as above suggested.

(*To be continued.*)

CORRESPONDENCE.

To the Editor of 'The Institute.'

"Fas est et ab hoste doceri."

Sir,—A short time since, whilst I was turning the subject in my mind, and priming myself for discharging a few paper pellets at your old enemies, the *quacks*, I happened to meet with a worthy clergyman—a shrewd observer, and not one of those parsons, of whom there are more than enow, who fancy that the practice of medicine consists in the dexterous use of a bundle of receipts—and fell into conversation with him on the subject of Mesmerism. After bandying the matter a little—touching on Alexis, the opinions of Dr. E. and Dr. F., Miss Martineau, her cow, and the more recent and imposing speculations of Dr. Reichenbach—my friend fell to rallying me on the propensity of our profession to deviate from the legitimate walks of science and sound practice, and, neglecting the dictates of experience, to wander into the regions of fancy; to follow novelties and false lights, and above all, to incur the disgrace of allowing of *fashions* in medicine. I could not but allow the justice of these remarks; but I also could not refrain from making a gentle attempt at turning the tables upon my monitor, by reminding him of the vagaries of a science professing to be less problematical than our own. If ours, the third in the list of "the learned professions," were to be taunted with her quackeries, what could be said in defence of the schisms of her elder sister—of her innumerable sects, her various doctrines, her fashionable and unfashionable heresies, from Nestorius down to Jansenius? Or to take a more homely view, if we were compelled to acknowledge the imputations of hydropathy, homœopathy, brandy and salt, and cod-liver oil, a parallel might be found in the more serious, though intrinsically not less reprehensible and ridiculous extravagancies of Southcotism, Irvingism, unknown tongues, and the *isms* that now agitate the religious world. This was a matter, it will be easily believed, that could not be urged very hard, and it is likely that my black-coated friend did not find himself so much taken aback with this sort of recrimination, as I fancied he was.

In endeavouring to fructify this little incident, I have been led to think, Mr. Editor, that there is another very obvious parallelism in the present condition of our two Churches (with reverence of the word, be it spoken), and as the domestic treason, the enemy within the camp, has attracted so much observation in the one case, of late, so we may well examine into the causes of dissent and disagreement amongst ourselves, and borrow new lights from our neighbours, to set our own house in order.

This is not the place for any formal disquisition on the unsettled state of medical science; although it were not very difficult to show that it always has been, and, it is to be feared, will long remain a speculative one; and that its normal condition must be one of fluctuation and change. If it be so as a science, it must be still more so in its exercise as an art, where so much must necessarily depend on a *rational empiricism*. It is enough for the present for the warmest adherents of "regularity," to be able to restrain, or at least to endeavour to subdue speculation, and keep it within rational bounds. The invasions of *dilettanti* practice cannot be prevented, no more than we can hope to instil in our members the courage to resist their encroachments, or skill to detect and expose their fallacies.

My present business, in these desultory observations, is to touch on a more homely treason than the great schisms which have lately occupied your attention; and one in which we, as general practitioners and dispensers of our own medicines, are particularly concerned.

There can be little doubt but that one of the main sources of the favourable and ready reception of homœopathy by a large section of the valetudinary public, was their sudden emancipation from the trammels of the apothecary. This immediate relief from the imposition of pills and draughts,

> "Black, red, and green,
> With all their tromperie,"

went much farther to persuade these people, of the merits of the system than all the plausible arguments of Hahneman.

There can be no question, that the excessive use of drug-medicines had grown into a vice; fostered and continued by the unhappy practice of making an apothecary's bill the medium of remuneration to the general practitioner, after he had in reality become the physician-in-ordinary, or surgeon-in-chief, of the great majority of the population. Not that this abuse, or a false reliance on the curative powers of drugs, can be charged to the cupidity or ignorance of our "order;" for it had been transmitted to us by our masters, who dealt out their chemicals and galenicals with as free a hand as the herbalists and medicine venders could desire; when every plant had its "virtues," and every imaginable substance, from crabs'-eyes up to pearl and gold, entered into the composition of their multifarious electuaries. It is obvious, I say, that this conventionalism, in its reaction on the public mind, has engendered a scepticism favourable to the adoption of a practice, which, whatever its theoretical demerits, had at least the recommendation of simplicity, as well as immunity from an expensive and nauseous machinery.

Nor are there wanting other signs of this wakening of the public mind to the abuses of pharmacy. It is not long since that I was witness to the indignant expostulations of a shrewd and honest farmer, who gnashed his teeth as he recounted the tortures he was made to suffer, with the use of "half-crown bottles" of cold lotion for a bruised limb, when he accidently fell upon the perfect relief, and superior efficacy of a rag dipped in warm water. Take another instance:—A gentleman in taking his morning ride, calls at the dispensary of his "medical man," whom he supposes to have visited at his house that day, to take up anything he may have to send. He is presented with a small phial, and a pint bottle; the former he stows away in his waistcoat pocket, with the remark that, "perhaps it is a black-draught, and might be useful;" what is the other?—a bottle of lotion. "Well, we will give that to the kennel," suiting the action to the word—"we have got a piece of spongio-piline at home, which, or a scalded bread-crumb, will answer a better purpose; the lotion may reappear in the bill!" And yet, who does not acknowledge the efficacy of a saturnine application, when patiently and judiciously used in the treatment of some forms of chronic inflammation, in some cutaneous diseases, and in allaying the pains of many other phenomena of a morbid innervation?

Such instances of the recalcitration of educated and intelligent persons, as well as the unreasoning resistance of a more *crassa ignorantia*, give the key to many aberrations from the realms of legitimacy, and lay bare the sources of the successful career of quackery. Of the other principal source of the popularity of homœopathy, its successful application of dietetic-medicine,—and of the lesson thus given to the rational practitioner, I shall perhaps have a few words to say another time.

P. P.

To the Editor of 'The Institute.'

Sir,—As you deemed my last communication adapted for your pages, I proceed to the next consideration I propounded. It may not be so easy for me to prove, as it is to an observant and reflective mind to see and be convinced, how much and how often the injurious effects of the present system of Poor-Law Medical Relief react upon society at large. The sparks, which fall with impunity on certain materials, are followed by flames or

frightful explosions when differently directed. So with moral agency. Social explosions, or secret smouldering combustions, result from false combinations, or neglected affinities formed in ignorance and perpetuated through interest or indifference. Elements for good or evil exist all around, and become the one or the other, as they are acted upon by circumstances, and thus rightly or wrongly combined and evolved. It is the duty of journalists and statesmen, who write and legislate for the public weal, to watch these tendencies, and to guide their movements with prudent discrimination and aspirations for impartial justice.

The destitution of one class or section of mankind, with the superabundance of another, have given room for the exercise of *charity*, and for the reception of benefactions with gratitude. The cupidity of some, the ill-regulated selfish passions of others, checked the harmonious action of these reciprocal and benign tendencies, and left the poor with a precarious or capricious supply, open to numerous abuses. Hence there has arisen a system of poor-laws, under which all that is exacted or given is given without charity, and is received without gratitude. Thus much applies to the general bearing of the poor-law question; it is the disgraceful anomaly of England in the nineteenth century, absorbing a revenue of seven millions a year!! Medical relief is an integral part of this false system. *Justice*, in the abstract, has nothing to do with this artificial regulation. Natural rights are, indeed, honest labour and fair requital, *i.e.*, proportioned to the fortuities of the chase or the value of acquired or systematized labour; but the idle, the incompetent, the improvident, have nowhere a *right* to even maintenance through the honest earnings of their laborious, thrifty, or self-denying brethren. The words of Holy Writ, equally with the decree of common sense and immutable justice, are, "If any man will not work, neither let him eat." Throughout the several governments of the world there are retributive accounts to be rendered by all who waste opportunities, or prodigally spend the earnings of their youth and vigour. *Justice* leaves such as these to *suffer*; and humanity, enlightened or guided by her, can only give relief to them by stealth, and half blush to own the deed or to feel it an act of virtue. A mawkish sentimentality—a pseudo-christianity—raises the maudling cry of "soup for the poor"—"the best physic and promptest supply of medical skill and attendance for the sick paupers." The State through her poor-law regulations has encouraged this cry without having provided a corresponding supply of efficient payment to the doctors, whose services are secured through the false impulses of an over-wrought competition. The market value is given to the soup kitchen, but less than a tenth of it is the hard, unjust condition by which the supply of mind, skill, toil, and physic are acknowledged by the ungrateful paupers and the thoughtless public. Burthens, hard to be borne, are placed on other men's shoulders, and only touched by the tip of the finger of those who bound them on. But society in its turn suffers for these flagrant transgressions; when many causes are simultaneously in operation, it is frequently impossible to determine which has *first* acted, or played the most important part in accomplishing a given result.

Little by little, through mis-calculations of cause and result, errors of a grievous character have crept into our new poor laws, faulty *ab initio*, till the hardships of the present system of medical relief have become familiar, a matter of course, to the enslaved union surgeons, and to the injured community. Each in this matter is somewhat like the simple Roman matron who, because her husband's breath was fœtid, thought all men's must be so; she had become so inured to it as to be surprised when the physician spoke of relief. With the successive stages of depravity as illustrated in the 'Rake's Progress,' all are familiar. A series of engravings representing the growth of intemperance are published after Hogarth's model—somewhat similar tableaux might be designed to point out the gradual stages of moral deterioration—drunkenness, idleness, improvidence, bold hardihood, reckless indifference, loss of self-reliance and self-respect, which supplant the timid hesitation or latent pride and self-esteem with which an applicant *in formâ pauperis* first comes before the relieving officer or Board of Guardians. The facility with which orders on the medical officers are granted, ninety-nine times in a hundred, is the first step to the habit of depending upon the parish for general relief. The order on the doctor costs nothing to the parish, and is valued at little more by the pauper. There are many among the labouring men and mechanics, who for years never receive any other sort of parish relief—no other would at first be granted, because of the expenditure of the rates. There are troops of these who, having *first* obtained relief through the medical officer for their wives or children, while they themselves have been in good health and constant good work, have ultimately come to be habitual paupers, and the whole family, who at first only sought medical relief, *that* having been allowed, and the transition from medical to general relief being easy, have used the rates as an heir-loom to hereditary pauperism. For such the miscalled *self*-supporting dispensaries would be eminently adopted; but like the tame lion in Captain Longbow's tale, who, after accidentally taking a drop of human blood became rampant for more, even to his master's life, so these folks, treated to the first smack of parish relief through the lax medical department, are prepared to demand *more*, and seek with avidity that which before they neither knew nor coveted. Let it be repeated, that in this way the foundation of self-dependence and self-respect is often sapped, and the whole flood of mischief is let loose, which flows upon society from the combined operation of a reckless and exacting pauperism, and a defective system of Poor-law medical relief.

A remedy for some of this evil might be found in an extensive establishment of self-supporting, or rather *provident* dispensaries, under legitimate regulations, which should encourage and reward a provident spirit, and be so conducted as to secure moderate requital, with a just position to the doctor. With this view, the bulk of *merely medical* paupers might be forced to contribute to them, and not as now is too often the case, the comparatively affluent mechanic or artizan, or even prosperous *employé* in domestic or civil life, be the chief members of these institutions. Men of this class contribute their trifling pittance of one penny per week, and demand a return equal to tenfold, which they receive *as a purchased right*, and hold the medical officer under liability to abuse, exaction, or capricious dismissal, thinking, if not saying, "Isn't he mine?—Don't I pay for him!" This is not only unkind, but essentially *unjust*, seeing that the whole of the expenditure and receipts of this class is, in all other matters of daily life, of a superior order, and that the *quid pro quo* is as fully understood and practised, as in paying *full market* value for bread and grocery. An inferior grade might as well be the sole contributors as benefitted members to these dispensaries, since the money saved by the more affluent sort, from the "doctor's bills," is lavished on personal expenses, such as inordinate dress, sight-seeing, or a certain refinement of movement, right enough in itself, but practically *wrong* when only obtained through injustice to the surgeon; sometimes savings are made and frugally hoarded, to advance in merchandize the man's interest; to form a premium for a son's apprenticeship, or a daughter's *trousseau*. In the neighbourhood of the metropolis at least, there are numerous instances in which 1d. per week, or 6d. to 9d. a month, are paid for an individual or a whole family, for attendance and medicine, by a man whose earnings must not exceed 30s. per week; but whose wife and family earn enough by laundry-work, shop-keeping, or handicraft, to keep a horse, rent a good house and stable; one dispensary patient has constantly five women helping in her laundry, while her husband is engaged with horse, cart, and man.

Such abuses, it is admitted, are exceptions; yet it is believed that instances somewhat similar are by no means uncommon. There can be no doubt but many of the present recipients of medical relief through the Poor Law Board, are quite able to provide against their illnesses through cheap dispensaries. They should be urged to this through a cautious and wholesome denial of the "order;" which is too often recklessly done when the payment *per case* by the guardians is adopted: or a loan ticket should be granted, for which the guardians should guarantee the surgeon 7s. or 10s. A part of the incubus being thus taken off the medical pauper's back, and a lofty toned feeling of self-providence fostered among the poor in society, the rates would be better able to grant a fairer requital for the care of that immense burthen of sick paupers which must still remain, in purely agricultural and densely populated town districts, under the regular union surgeon. This plan would secure more justice to rate-payers, more justice to the medical officer, and an elevation to the weak, misguided creatures, who, through a tempting facility of getting medical relief, would take the first step in the downward road of habitual pauperism. The Poor Law Board might at least request this change, to realize which, some degree of severity, it may be thought, will be required. Some pains-taking and much firmness, certainly—a sort of despotism. "Despotism is essential in most enterprises; yet observe, there are two freedoms—not ape's freedom, but man's freedom—this is indispensable: we *must* have it, and *will* have it. To reconcile despotism with freedom! Well, is that such a mystery? Do you not already know the way? It is to make your despotism JUST! Rigorous as destiny, but *just*, too, as destiny and its laws."

ARISTIDES THE YOUNGER.

December 17th, 1850.

COMMITTEE OF POOR-LAW MEDICAL OFFICERS.

To the Editor of 'The Institute.'

4, Hanover-square, 23rd Dec., 1850.

Sir,—The Committee have reason to believe that Lord John Russell has expressed a desire to obtain information on the subject of Poor-Law Medical Relief, and that he entertains opinions favourable to the objects of the Convention; they have, therefore, with the view of improving this auspicious indication, determined to seek an interview by deputation, in order to present to his Lordship a Memorial setting forth the grievances under which the Union Surgery labour. Should an interview be granted, the Committee purpose inviting those members of Parliament who have already taken an interest in the subject, to accompany the deputation, and also, delegates from Provincial Medical Societies.

It is hoped that all in the profession who have access to members of Parliament will immediately draw special attention to the subject, in order to secure their co-operation in the objects of the Memorial.

The Committee trust that, by a direct appeal to his Lordship, they may induce him to call the attention of the President of the Poor-Law Board to the evils complained of, so that an amelioration of the present system may be effected; or, if necessary, that the President be advised to seek from Parliament an extension of power, to enable him to amend the regulations under which medical relief is now administered through the Poor-Law Board.

I am, Sir, your obedient servant,

CHARLES F. J. LORD, *Hon. Sec.*

THE PHILOSOPHICAL GAZETTE.

New Kind of Sugar in the Flesh of the Ox. By Prof. Scherer.—Professor Scherer had observed, on repeating Liebig's analysis of the fluid of the muscular flesh, that it contained several volatile acids of the butyric acid group, as acetic, butyric, and formic acids; and on prosecuting the same observations in a different method, he further discovered a hitherto unknown kind of sugar. After having distilled the volatile acids, extracted the residue with æther, and removed the alkaline sulphates with alcohol, Scherer observed that the decanted fluid acquired a milky turbidity when treated with a larger quantity of alcohol, and deposited in the course of a few days crystals, which were affected by the action of the air, and were perfectly consumed with a loss of 16 per cent. of water when burnt on platinum. They had a decidedly sweet taste, but did not afford any indications with Peltenkofer's or Trommer's test. They gave off their water of crystallization at 100° C., experienced no change on being heated to 210° C.; but fused at a higher temperature into a clear, slightly yellowish liquid, which deposited acicular crystals on being rapidly solidified. When the solidified mass was dissolved in water, the original crystals again separated with 16 per cent. water. The elementary analysis of the anhydrous substance yielded for 100 parts, C, 40.000; H, 6.720; O, 53.280 (= C_{12}, H_{12}, O_{12};) the 16 per cent. H, O, correspond to 4 equivalents, and the crystallized substance is therefore composed according to the formula, C_{12}, H_{16}, O_{16}. This relation proves the body to be a new kind of sugar, which has been designated *Tuosit*, by Professor Scherer. It does not enter into alcoholic fermentation with yeast, but it takes part in lactic and butyric acid fermentation, when flesh or casein is added to it. Scherer is of opinion that it is formed from the carbobhydrates introduced with the food into the organism, and that it becomes decomposed into lactic acid, which is further converted into butyric, acetic, and, perhaps, also formic acid; and that these acids are consumed within the body. Professor Scherer observed this conversion of lactic acid into the three above-named acids, without the organism, when prosecuting an experiment for the exhibition of lactic and butyric acids from milk, according to Bensch's method. He regards the discovery of tuosit as physiologically interesting, from the proof it affords of the presence of milk-sugar in the milk of carnivorous animals, and hence the explanation which it affords, of the continued formation of sugar in the urine of diabetic patients, notwithstanding a purely animal diet.—*Verhandl. der Phys. Med. Gesellschaft in Würzb.*, 1850.

ADULTERATIONS—QUINOIDINE.

This substance is said by the German chemists, to be adulterated with forty to sixty per cent. of common resin, when it is less bitter to the taste, but more brittle and pulverizeable. Quinoidine owes its value to its containing a portion of quinine in an uncrystallized state; the latter is, we believe, sold under the designation of amorphous quinine. But the substance often sold as quinoidine in this country, contains no valuable ingredient, no quinine or other alkaloid, but is fabricated of valueless and inert materials.

IODINE.

Commercial iodine is frequently contaminated by admixture with various substances, some accidentally from imperfect methods of preparation, others fraudulently to enhance the profit to the druggist. In general the characteristics of purity in iodine are its perfect solubility in alcohol, and its perfect volatility by heat. These serve to detect a variety of substances employed to adulterate iodine, such as *charcoal, plumbago, oxide of manganese, sulphuret of antimony, sulphuret of lead, bitartrate of potash.* The amount of the adulteration is ascertained by simply weighing the residue.

Water is often used to increase the weight of iodine to the amount of 10 per cent.; sometimes its presence is owing to the admixture of deliquescent chlorides, as chloride of magnesia, or chloride of iodine.

Cyanogen is often found combined with the iodine as a cyanide. The special detection and determination of these admixtures belongs to the chemist, but the method of examination for the purity of iodine should be employed by all persons who employ it in medicine, as for instance, in the preparation of the tincture.

On the Varieties of Lint.

BY JAMES LUKE, ESQ.,

Senior Surgeon of the London Hospital.

(Slightly abridged from the 'Pharmaceutical Journal.')

Mr. Luke observes that the qualities good lint should possess are a smooth and soft surface, the flue not easily separable from the fabric, the fabric itself having closeness of texture and substance, with a capability of being torn without fraying the adjoining parts. On examining and testing various samples submitted to him, Mr. Luke reports, that:—

1. Best Lint of the Old Kind, has the above qualities in the highest degree, and is that to which he is disposed to give the preference. There is some waste from irregularity of the edges of the pieces; but it is best suited for spreading of ointment, the application of lotions, and the formation of compresses, these being the most common purposes to which lint is applied.

2. Taylor's Patent Lint is next to be preferred. Its qualities approach very closely to those of the old kind. It has a good surface and fabric, and tears well. The edges are even, and its width convenient, and probably there would be less waste in its use.

3. Taylor's Patent Flax Lint is also a good lint, and possesses sufficiency of substance, and regularity of fracture. It, however, has the defect, in a slight degree, of the flue being too readily detached from the fabric, and on that account is not so well adapted for the spreading of ointment as the before mentioned specimens.

4. Wacherbarth and Ross's Superior Golden Flax Lint has the same defect of the flue being too readily detachable from the fabric, but in a higher degree than the preceding. It is frayed also by tearing.

5. Tipton's Patent Lint has the flue still more loosely connected with the fabric, so that it is easily raised when ointment of any consistence is spread upon it. It is only four and a half inches in width, and although it tears more readily than any of the above, it does so in the direction of its length, which is inconvenient.

6. Toswill's Patent Lint is a thready material, the threads running longitudinally, but are connected by a very few transverse filaments. It is very easily torn in the long direction, but is at the same time frayed. The flue is very readily detachable from the threads, and the fabric is thin and without sufficiency of substance.

The above is an estimate of the respective merits of the different kinds of lint, without reference to price.

DOCUMENTS RELATING TO MEDICAL POLITICS.

A BILL FOR THE INCORPORATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

[29*th July*, 1850, 13 *and* 14 *Vict.*]

[Note.—The words printed in *Italics* are proposed to be inserted in the Committee.]

WHEREAS there are many persons practising the medical profession in England and Wales, not being of the degree of physicians, who combine the practice of medicine, surgery, midwifery, and pharmacy: And whereas all persons, other than physicians, who are desirous of becoming duly authorised by law to practise medicine, surgery, and pharmacy in England or Wales, are required to present themselves before the Royal College of Surgeons of England, for examination as to their fitness and capability "to exercise the art and science of surgery," and such persons (if they were not actually practising as an apothecary on the first day of August one thousand eight hundred and fifteen, or have not acquired the right of practising as an apothecary by virtue of an Act passed in the sixth year of the reign of King George the Fourth, intituled "An Act to amend and explain an Act of the Fifty-fifth Year of His late Majesty, for better regulating the Practice of Apothecaries throughout England and Wales,") are also required to present themselves before the Court of Examiners of the master, wardens, and Society of Apothecaries of the City of London, for examination as to their "skill and abilities in the science and practise of medicine," and their fitness and qualification to practise as an "apothecary," and such persons, upon obtaining the diploma of the said College of Surgeons, are "authorised to practise the art and science of surgery," and, upon obtaining a certificate of qualification to practice as an apothecary from the Court of Examiners of the said master, wardens, and society of apothecaries, are entitled to practise as an apothecary: And whereas very many persons who have obtained such diploma and certificate of qualification practise the art or science of midwifery; but no adequate provision has hitherto been made by law for ascertaining the skill and abilities of those who practise the said art or science: And whereas persons, not being of the degree of physicians, who have obtained such diploma as aforesaid, and have also obtained such certificate of qualification as aforesaid, or are otherwise authorised by law to practise as an apothecary, are known to the law as surgeons and apothecaries, and have also been heretofore commonly known and designated as "surgeon apothecaries," and have been of late years better known and distinguished by the name and title of "general practitioners:" And whereas the necessities of a large portion of the population of England and Wales imperatively require the existence of a well-educated and numerous class of persons competent to practise all branches of the medical profession, and to minister to the sick in all emergencies. And whereas, in order the more effectually to promote and encourage the study of medicine, surgery, and midwifery, and to provide an adequate supply of such well-educated and well-qualified medical and surgical attendance for all classes of the population in England and Wales, it is expedient that the surgeon apothecaries or general practitioners should be united into one body politic and corporate, with power to appoint a court of examiners to examine all persons who shall hereafter desire to practise as "surgeon apothecaries" or "general practitioners," as to their competence to practise in that capacity, and to grant or withhold letters testimonial of the fitness and qualification of such persons to practise as surgeon apothecaries or general practitioners: And whereas there are now practising in England and Wales as surgeon apothecaries or general practitioners divers persons who have obtained the diploma of the College of Surgeons of England, but who have not obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the master, wardens, and Society of Apothecaries, and are not otherwise authorised by law to practise as an apothecary in England or Wales, and divers other persons, who have obtained such certificate of qualification as aforesaid, or are otherwise authorised by law to practise as an apothecary in England or Wales, but who have not obtained the diploma of the College of Surgeons of England, and are not otherwise authorized by law to practise the art of surgery in England or Wales, and divers other persons, who are not authorized by law to practise either as surgeons or apothecaries in England or Wales, but who are legally authorized to practise either as physicians, surgeons, or apothecaries in some other part of the United Kingdom; and it is expedient that such several persons should, under certain restrictions, be admitted into the said body corporate: And whereas such incorporation would tend materially to improve the status of the general practitioners, to supply the medical wants of a very large proportion of the rural population, and improve the sanitory condition of the working classes generally, by sending forth practitioners duly qualified by a general examination in all the several branches of medicine, surgery, and midwifery: Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, That the whole of an Act passed in the Fifty-fifth year of the Reign of King George the Third intituled "An Act for better regulating the Practice of Apothecaries throughout England and Wales," except so much of the said Act as confirms such parts of the Letters Patent granted by King James the First to the Master, Wardens, and Society of the Art and Mystery of Apothecaries of the City of London as were not repealed by the said Act, but so as not to revive any Act or Charter repealed by the Act hereby repealed.

II. And be it enacted, That and now lawfully practising as surgeon apothecaries or general practitioners, and every person qualified as herein-after provided, who, within the times respectively for that purpose herein-after limited, shall cause his name to be enrolled as a member of the College hereby constituted, or who shall at any time hereafter be chosen as herein-after mentioned, shall be incorporated into one body corporate and politic by the name of "The Royal College of General Practitioners in Medicine, Surgery, and Midwifery of England," and by that name shall have perpetual succession in all time coming, and shall and may sue and be sued, plead and be impleaded, in all Courts, and before all justices and others.

III. And be it enacted, That the said body corporate or College shall and may have and use a common seal for their affairs, with full power from time to time, at their will and pleasure, to break, alter, or make anew the same.

IV. And be it enacted, That the said College shall provide and have a common hall in London or Westminster or elsewhere in the County of Middlesex, and shall at all times hereafter be capable in law to buy, take, hold, and enjoy, for their own use, any hereditaments, so that the yearly value of the whole thereof do not exceed five thousand pounds sterling at the time or several times of acquiring the same, and from time to time to sell, exchange, demise, and mortgage such hereditaments, at their will and pleasure.

V. And be it enacted, That the said College shall consist of an unlimited number of members, and shall be governed by a president and a council.

VI. And be it enacted, That every person who was actually practising as an apothecary on the first day of August, one thousand eight hundred and fifteen, or who before the passing of this Act shall have acquired the right of practising as an apothecary, by virtue of the Act of the sixth year of the reign of King George the Fourth, herein-before mentioned, and also every person who before the passing of this Act shall have obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Society of Apothecaries of the City of London, and also every person at the time of the passing of this Act actually practising as a surgeon or apothecary, or practitioner in medicine, surgery, or midwifery, in England or Wales, being a fellow or licentiate or extra licentiate of any of the Royal Colleges of Physicians of England, Scotland, or Ireland, or a fellow, member, or licentiate of any of the Royal Colleges of Surgeons of England, Scotland, or Ireland, or a member of the Faculty of Physicians and Surgeons of Glasgow, or a doctor or bachelor in the Faculty of Medicine of any University of the United Kingdom of Great Britain or Ireland, shall be entitled, at any time within twelve calendar months next after the passing of this Act, if at the passing thereof he shall be resident in the United Kingdom, but if not resident therein at such time, and not of the class herein-before required to be actually practising in England or Wales at such time, then at any time within two years after the passing of this Act, to cause his name to be enrolled as a member of the said College, on payment to the said College of the fee of for the use of the said College, and on being so enrolled he shall become a member of the said College and body corporate.

VII. And be it enacted, That the names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications who within the first calendar month next after the passing of this Act shall severally signify, in writing under their hands addressed to the Registrar of the said College at the common hall thereof for the time being, their desire of becoming members of the said College, shall within the calendar month next ensuing the end of such first month be set forth on a schedule and one general diploma under the seal of the said College, which diploma and schedule shall be enrolled in the High Court of Chancery within *two* calendar months after the seal of the said College shall have been affixed thereto, and the order of the names contained in the said schedule shall be according to the priority of the dates of the several qualifications by virtue of which each person shall have been admitted a member of the said College, without discrimination of the several kinds of qualification herein-before enumerated; and in all cases in which the order of precedence of any names shall appear to the council of the College to be doubtful, according to the foregoing rule, the doubtful matter shall be settled by the council, either by lot or in such other manner as to the council shall seem expedient; and the names of all the persons entitled to enrol themselves as members by virtue of any of the foregoing qualifications who in the course of the second and every following calendar month, until the end of the *twelfth* calendar month after the passing of this Act, shall signify their desire of becoming members as aforesaid, shall, within *one calendar month* from the end of each such month, be set forth in like manner in schedules to successive general diplomas of the like kind, each containing the names of all the applicants of that month, and each of which shall be enrolled in like manner in the High Court of Chancery within *two* calendar months after the seal of the College shall have been affixed thereto, and the order of the names contained in each schedule shall be settled in like manner as is provided respecting the names in the schedule to the first general diploma; and the admittance of every other member shall be by separate diploma under the seal of the said College, in such form as the council of the College shall from time to time think fit and direct, which several diplomas shall bear date respectively at the time when the same shall be granted, but as respects those granted during the

first two years before mentioned, shall only take precedence according to their respective priorities next after the general and special diplomas: Provided always, that the special diplomas of every person entitled to enrol himself as a member by virtue of any of the foregoing qualifications who shall apply to be enrolled after the expiration of the said *twelve* calendar months, under favour of the extension of time herein-before granted to certain persons not resident in the United Kingdom at the time of the passing of this Act, may recite the date of the qualification by virtue of which such person shall be admitted a member, and the cause of postponement of the grant of such diplomas, and for all purposes of precedence or standing among the members of the said College all such members shall rank next after those mentioned in the said last general diploma, according to the date recited in such respective separate special diplomas.

VIII. And be it enacted, That, except as herein-before and herein-after mentioned, no person shall become or be admitted a member of the said College until afrer he shall have attained the age of twenty-two years, and shall also have complied with such rules and regulations as the Council of the said College shall from time to time consider expedient, and by a bye-law or bye-laws direct, nor unless he shall have passed such examination or examinations as the said council shall from time to time by a bye-law or bye-laws direct to be undergone by candidates of admission into the said College; but every fit and proper person, having attained such age, and having complied with such rules and regulations, and passed such examination or examinations, shall be entitled to be admitted a member of the said College.

IX. And be it enacted, That the fee to be paid on the admittance of every such new member as last aforesaid shall be any such sum not exceeding the sum of as the council of the said College shall from time to time fix by a bye-law.

X. And be it enacted, That the council shall have full power from time to time to admit into the said College as members thereof, without examination, but on payment of such a fee as they shall from time to time think fit, but which shall not exceed that which shall be payable by those admitted after examination, any person who shall have attained his age of *twenty-two* years, and shall be able to adduce evidence satisfactory to the council that he has a medical or surgical degree, diploma, certificate, or licence from some University College or licensing body of the United Kingdom duly authorized for the granting thereof, and that he has been engaged for at least *five* years in a course of professional study embracing all the subjects on which an ordinary candidate for admission into the College would be examined and also that the examination which he underwent was of a standard as high as that of the examination imposed by the College of General Practitioners on ordinary candidates.

XI. And be it enacted, That a register shall be kept by the council of the said College, in a book or register to be kept for that purpose at the common hall of the said College, or at such other place for the time being as the said council shall direct, of all persons who from time to time shall be so enrolled or admitted members of the said College as aforesaid, in alphabetical order, with their several places of abode, and dates of their diplomas or letters testimonial, and also such other particulars, if any, as the said council shall from time to time think it desirable to register; and as soon as conveniently may be after the expiration of *six* months from the passing of this Act, the council shall cause a copy of such register to be printed and published, and shall also in every subsequent year, in the month of January, cause a similar copy of such register to be printed and published, except as herein-after restricted.

XII. And be it enacted, That every person whose name shall have been so registered and published, and who shall be desirous that his name shall be continued in the published register, shall, in the month of November in every year, send to the council of the said College his name and place of abode, and change of residence, if any, with the date of his diploma or letters testimonial, or in default thereof his name shall be omitted by the said council from the next published copy of the said register; and a printed copy of the said registry for the time being so published by or under the direction of the said council shall be evidence in all courts, and before all justices and others, that the persons therein specified are duly registered under this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person is not registered under this Act.

XIII. And be it enacted, That the council of the said College shall consist of forty-eight of the members of the said College, of whom not less than twenty-four shall reside within ten miles, by highway or road, from the General Post-office in the city of London.

XIV. And be it enacted, That the before-mentioned shall be the first president of the said College, and shall continue as such president until the last Wednesday in the month of *one thousand eight hundred and* and thenceforth until his successor shall be elected as herein-after provided, and he shall then go out of office; and on the last Wednesday in the month of *in the year one thousand eight hundred and* and on the last Wednesday in the month of in every third succeeding year, the council of the College shall meet in the common hall for the time being of the said College, or in such other place as the said council shall from time to time direct, and shall elect a president from those members who are qualified to be elected president as herein-after provided; and every president so elected shall continue to be president for *three* years, and until his successor shall be appointed, and shall then go out of office; and the president for the time being shall always be considered as a component part of the council.

XV. And be it enacted, That shall be the first members of the said council, resident within such ten miles as aforesaid, and shall be the first other members of the said council, and such members shall all continue of the council until the several days and times herein-after mentioned, and until the successors of those who shall then be the members to go out of office shall be elected; and on the last Wednesday in the month of in each of the years *one thousand eight hundred and* *one thousand eight hundred and* *and one thousand eight hundred and* *one third* of the members resident within such *ten* miles as aforesaid, and one third of the other members of the said council herein-before named, shall go out of office, in the order in which the council shall in each of such years appoint among themselves, and shall not be re-eligible on the council until the year following that in which they shall go out of office.

XVI. And be it enacted, That the council shall be hereafter elected by a majority of the votes of such members of the College for the time being as at the time of such election shall either have been for *five* years members of the said College, or shall have possessed the diploma or license by virtue of which they shall be members of the said College for at least five years before the day of election, and such members shall be entitled to give their votes either personally, or by proxy in writing, according to such regulations as the council shall establish by any bye law; and the last Wednesday in the month of *in the year one thousand eight hundred and* and on the last Wednesday in the month of in every following year, such of the members of the College as shall for the time being be entitled to vote as aforesaid shall meet in the common hall for the time being of the said College, or in such other place as aforesaid, and shall elect, from those members who shall be qualified to be elected as hereinafter provided, eight persons resident within ten miles as aforesaid, and eight other persons, to be members of the said council, and every such member so elected shall continue of the council for three years, and until his successor shall be elected: provided always, that those who shall be elected as members of the council resident within such ten miles as aforesaid shall reside within ten miles by highway or road from the General Post-office in the city of London during the whole of the said *three* years, or in default of his so doing he shall cease ipso facto to be a member of the council, but without invalidating any Acts in which he may have concurred after ceasing to be such member.

XVII. And be it enacted, The the council for the time being shall nominate from time to time, in such order as they shall think fit three vice presidents from the members of the council, and the vice presidents shall continue to hold their office during the presidency of the president in whose presidency they shall have been appointed, if they shall so long continue members of the council, and if not their place shall be filled up by the council for the time being; and in every case of the vacancy of the office of president in any manner other than by regular rotation the first-named or senior vice president for the time being shall have all the powers of president until another president shall be appointed.

XVIII. And be it enacted, That no one shall be qualified to be elected president or a member of the council of the said College, unless at the time of such election he shall either have been for ten years a member of the said College, or unless he shall have possessed the diploma or licence by virtue of which he shall be a member of the said College for at least *ten* years before the election.

XIX. And be it enacted, That whenever any vacancy shall happen either in the presidency or among the members of the council in any other way than by regular rotation as aforesaid, such vacancy shall be filled by the election by the council, upon some early and convenient day to be fixed by them for that purpose, of a substitute instead of the person by whom the vacancy shall have been made, and every such substitute shall continue a president or a member of the council until the time when the person in whose stead he shall be chosen would have gone out of office in regular rotation; and whenever such vacancy shall have been made in the council by a member resident within such ten miles as aforesaid, the substitute shall be a person resident within such ten miles as aforesaid: provided always, that any such substituted member of council who shall have been elected less than twelve calendar months before the time when the member in whose stead he shall have been elected would have gone out of office in regular rotation shall be eligible for immediate re-election on the council.

XX. And be it enacted, That if it shall happen that any election of a president or of any member of the council shall not be made on the respective days herein-before appointed for that purpose, the person or persons then filling the said office or offices shall continue to fill the same until another person or persons shall be appointed thereto; and the president or any vice presidents of the said College shall, in the manner to be prescribed by the said council, call a meeting of the members of the said College entitled to vote as aforesaid, or of the council, as the case may be, who shall thereupon elect a person or persons to fill the said office or offices so vacant, in like manner as if such election had taken place on the day or respective days herein-before fixed for that purpose.

XXI. And be it enacted, That the council shall have the sole and entire management of the College and of the funds and property thereof, and shall have power to grant diplomas or letters testimonial

to all persons admitted into or enrolled in the said College, and to make bye-laws, rules, and orders for the regulation and government of the College and of the members and affairs thereof, and for the conduct of the candidates for admission into the College, and for directing the course of study to be followed, and the particulars of examination to be undergone by candidates for admission into the College, and for imposing reasonable penalties, fines, and amerciaments for nonperformance of or for disobedience to the same bye-laws, rules, and orders, and such bye-laws, rules, and orders, penalties, fines, and amerciaments, or any of them, from time to time to alter, change, or annul, so that all and singular such bye-laws, rules, orders, penalties, fines and amerciaments be not repugnant or contrary to the laws or statutes of this realm or to the provisions of this Act; and the council may from time to time appoint, and at their pleasure may remove, a treasurer, and a registrar and secretary of the said College, and may also appoint, and at their pleasure may remove, such other officers, clerks, and servants as may from time to time be necessary for the service of the College, and shall fix their respective duties and salaries.

XXII. And be it enacted, That a general meeting of the members of the said College entitled to vote as aforesaid shall be held within the space of six calendar months after the passing of this Act, at such time and place as the council shall appoint, for the purpose of considering and reviewing such bye-laws, rules, and orders as shall be made before that time by the said council, and of confirming, altering, or annulling the same, as to the same meeting shall seem expedient; and that afterwards an annual meeting of the said members shall be held in the month of in every year, for the like purpose, as regards subsequent bye-laws, rules, and orders, at such time and place as the said council shall direct; and that other general meetings may be held from time to time as occasion may require and the council shall direct; and that at all general meetings the president of the said College, if present, and if not the senior or only vice-president present, or if they shall all be absent, some member of the council to be chosen by the members of the College present, or if all the members of the council shall be absent, some other member of the College to be chosen by the members present, shall preside as chairman, and have a second or casting vote.

XXIII. And be it enacted, That no bye-law, rule, or order so to be made and confirmed as aforesaid, shall be of any force until a copy thereof, sealed with the seal of the said College, shall have been laid before and approved by her Majesty's principal Secretary of State for the Home Department,

XXIV. And be it enacted, That it shall be lawful for the said council to make regulations for insuring that in every city and town possessing a medical or surgical school an annual register shall be kept of all students of the several medical and surgical schools, whether connected with any University, Royal College, hospital, or other public medical or surgical institution in that city or town, and authorize the taking of a fee for such registration, not being more in each case than *two shillings and sixpence* for such annual registration, and for requiring all such fees to be remitted to the said council, and returns to be made to them of the registration of all such students, in such manner and form as the said council shall think fit; and all such fees shall be applied towards the expenses of the Act; and no medical nor surgical student shall be admitted to examination by the said College or council without certificates of his having been duly registered conformably to such regulations; and that it shall be lawful for the said council to make regulations for dispensing with such provisions of this Act as to them shall seem fit in favour of medical and surgical students who shall have commenced their professional studies before the passing of this Act.

XXV. And be it enacted, That the council shall annually appoint examiners for the purpose of examining those who may be candidates for admission into the said College, and to be enrolled and registered as aforesaid; but no president or member of council shall be eligible to be appointed an examiner; and that at all examinations either the president or one of the vice-presidents, or in their absence, some member of the council to be from time to time appointed by the council for that purpose, shall be present, and shall preside, but he shall not interfere in the examination or have any voice in the admission or rejection of candidates.

XXVI. And be it enacted, That if it shall at any time hereafter appear that any member of the said College shall have obtained his diploma by any fraud, false statement, or any imposition, or that either before or after obtaining such diploma he shall have been convicted of felony, or of having wilfully and knowingly given a false certificate in any case in which the certificate of a medical practitioner is required by law, or shall have wilfully violated any bye-law, rule, or regulation of the said College, then and in every such case, and after such previous notice to or such hearing of such member as under the circumstances of the case the council shall think proper, it shall be lawful for the council, with the concurrence of not less than *three-fourths* in number of the members of council present at a meeting lawfully summoned for the purpose, to pass such censure or sentence of suspension against the person so offending as to the council shall seem meet, or wholly to expel such member from the College; and upon any such sentence of suspension or expulsion such member shall cease to be a member of the College, either absolutely or for such time as shall be specified in the sentence of expulsion, and all the privileges granted to such member shall cease and be determined upon such expulsion or during such suspension, and the said council shall be at liberty to erase the name of such member from the said register; and every such member shall not be entitled to have his name again inserted in any register or published copy without the special licence of the said council.

XXVII. And be it enacted, That, subject to the reservations hereinafter contained, no surgeon apothecary or general practitioner, after the passing of this Act, who is not registered by the said council, shall be appointed to any medical or surgical office for the relief of the poor, or in any hospital, prison, infirmary, dispensary, school, workhouse, or other public institution in England or Wales; and whenever by law it is provided that any act shall be done by a physician, surgeon, or apothecary, or medical or surgical practitioner, by whatever name or title called, such provision shall be construed, after the passing of this Act, to mean a person being either a member of the Royal College of Physicians of England, or the Royal College of Surgeons of England, or being registered under this Act; and the council shall be empowered from time to time to make regulations for specifying what institutions are to be considered public institutions, and what offices in them are medical and surgical offices within the meaning of this Act; and that all persons who shall be registered by the said council as surgeon apothecaries or general practitioners shall be exempt, while registered and practising as such, from being summoned or serving on all juries and inquests whatsoever, and from serving all corporeal, parochial, ward, hundred, and township offices; and no surgeon apothecary or general practitioner shall be entitled to such exemption who is not so registered; nor shall the certificate of any such unregistered person, given after the *passing of this Act*, be received as the certificate of a surgeon apothecary or medical or surgical practitioner in any court of law, or in any case by which by law the certificate of a surgeon apothecary or medical or surgical practitioner is required.

XXVIII. And be it enacted, That all persons who shall be registered as surgeon apothecaries or general practitioners by the said council shall be entitled to demand and take reasonable fees for medical and surgical advice and attendance, and for medicines prescribed or administered by them to their patients, throughout Great Britain and Ireland, and in all other parts of Her Majesty's dominions, without other licence than such registry; and that, after the *passing of this Act*, no person shall be entitled to recover any charge in any Court of Law for any medical or surgical advice, attendance, or operation, or for any medicine prescribed or administered by him, unless he shall prove upon the trial, either that he is registered as a surgeon apothecary or general practitioner under this Act, or that before the passing of this Act he was legally practising or entitled to practise in the capacity in which he claims such charge, and if this Act had not been passed, would have been entitled to recover such charge in that capacity.

XXIX. And be it enacted, That every surgeon apothecary or general practitioner appointed after the *passing of this Act* to any medical or surgical office for which he is not qualified according to the provisions of this Act, and who shall wilfully or knowingly act or practise in such office, shall for every such offence forfeit the sum of *twenty pounds*, to be recovered by action of debt or information to be brought in any of Her Majesty's Courts of Record at Westminster, or in any County Court, or in the Court of Exchequer in Scotland or in Dublin, within *six* calendar months next after the commission of the offence, in the name of Her Majesty's Attorney General in England or Ireland, or of the Lord Advocate in Scotland.

XXX. And be it enacted, That every person who after the *passing of this Act* shall act or practise as a surgeon apothecary or general practitioner, in any part of England or Wales, without having been registered as aforesaid, or shall falsely pretend to be so registered, or assume any title as so registered, shall for every such offence forfeit and pay the sum of *twenty pounds*, to be applied to the use of the said College of general practitioners in medicine, surgery, and midwifery, and to be recovered by the said College by action of debt in any of Her Majesty's Courts of Record at Westminster, or in any County Court, or shall be punished by imprisonment, as the court before which he shall be convicted shall award; provided nevertheless, that nothing in this Act contained shall extend to render any person liable to any penalty for acting or practising as an apothecary in any part of England who was actually practising as an apothecary on the first day of August in the year one thousand eight hundred and fifteen, or who before the passing of this Act shall have obtained a certificate of qualification to practise as an apothecary from the Court of Examiners of the Society of Apothecaries of the city of London, or who shall have acquired the right of practising as an apothecary by virtue of an Act passed in the sixth year of the Reign of King George the Fourth, intituled "An Act to amend and explain an Act of the Fifty-fifth year of His late Majesty, for better regulating the Practice of Apothecaries throughout England and Wales."

XXXI. And be it enacted, That in the construction of this Act the expression Surgeon Apothecaries or General Practitioners shall extend to include and mean all qualified persons practising the science and practice of medicine as an apothecary, or the art and science of surgery and the science or practice of medicine, conjointly with or without the art or science of midwifery; and that the word "Council" shall mean the president and council for the time being; that words importing the singular number shall include the plural, and that words importing the plural number shall include the singular.

XXXII. And be it enacted, That this Act shall be a Public Act, and shall be judicially taken notice of as such.

XXXIII. And be it enacted, That this Act may be amended or repealed by any Act to be passed during the present Session of Parliament.

MEETINGS OF SOCIETIES.

MEDICAL SOCIETY, Saturday, December 28, at 8 P.M.
ZOOLOGICAL, Thursday, January 2, at 3 P.M.
BOTANICAL, Friday, January 3, at 8 P.M.
MEDICAL, Saturday, January 4, at 8 P.M.

The new Society called the 'EPIDEMIOLOGICAL SOCIETY,' will hold their second meeting on Monday, January 6, at the house of the Medical and Chirurgical Society, 53, Berners-street, where they will continue to meet, for the present, on the first Monday in every month. A paper on the infectious nature of Cholera will be read by Dr. Bryson, R.N.

THE INSTITUTE MEDICAL JOURNAL.

SCALE OF CHARGES FOR ADVERTISEMENTS.

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Every additional line	0	0	6
A Column	2	15	0
A Page...	5	5	0

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THE INSTITUTE.

LONDON, SATURDAY, DECEMBER 28, 1850.

TO THE PHYSICIANS, SURGEONS, AND APOTHECARIES IN GENERAL PRACTICE THROUGHOUT THE UNITED KINGDOM.

GENTLEMEN,—The first volume of THE INSTITUTE concludes with the present number, and before the commencement of another volume we crave your attention to the following APPEAL.

Our aspirations are invoked in behalf of the Profession of Medicine in this great country, and of the millions of rational beings which people its surface, and are subject to the infirmities and diseases incidental to the highest and most complicated part of organized nature.

We address you as General Practitioners—Under whatever title he may practise, it is to the interests of the General Practitioner *de facto* that this Journal is devoted.

Consider your position as General Practitioners. If, in England, you are Physicians, and practise generally, on the broad basis that medicine and surgery are one science—no matter what your acquirements and talents—you are repudiated by the College of Physicians. You can hold no honourable position in that college. As a corporate body the College of Physicians will have nothing to do with you. Few in number, but of immense influence in the higher circles of society, the privileged physicians hold you at arm's length, and, as far as their influence extends, by word and deed convey the impression to the public mind, that you are an inferior order of practitioners, and less worthy than themselves of the public confidence. If you are Surgeons, and practise generally, that is to say, if you satisfy the requirements of the public under all circumstances, prescribing and dispensing medicines, performing surgical and obstetrical operations, meeting the exigencies of practice in every emergency, as the great bulk of the profession are compelled to do, not only in this country, but on land and water over the surface of the whole globe, then, you are repudiated by the College of Surgeons, you are deemed unworthy of any honourable distinction, you constitute an inferior order or *membership* of that College; or if, as an exceptional case, you find an entrance into the superior order or *Fellowship*, you are regarded as a mongrel amongst the fellows of purer blood. Lastly, if you are apothecaries, holding the position of general practitioners, after an adequate education and tests by examination legally performing the duties of general practice, no matter what your learning, how skilful and successful your practice, how great your reputation, you are treated still more contemptuously, and the public, as far as the influence of those who hold the highest nominal positions in the profession can extend, are taught to regard you as out of the pale of the legitimate profession; the public are stealthily advised that you are *Apothecaries*, which is but a designation for *tradesmen*; and homœopathists, hydropathists, mesmerists, and charlatans, if they only practise physic "legitimately," which word is rendered by both these Colleges "purely," are deemed more worthy than yourselves. Nothwithstanding this, the Physicians, Surgeons, and Apothecaries, practising generally throughout the land, constitute the profession at large.

As General Practitioners you have no head or home except that which you have voluntarily established for yourselves. In the communications between the Government and the Profession, the representatives of the College of Physicians are bound by their duty and by their oaths to regard you as aliens and strangers, and to adhere strictly to the interests of their ancient institution. The representatives of the College of Surgeons are bound by their duty and their oaths to maintain the interest of Surgeons, purely considered, which is literally the interest of the *Fellowship*; as members of the College of Surgeons you can have no weight whatever with the Government, because the College still sustains the fiction of representing the interest of its members, and no government can acknowledge two parties as representing one and the same interest. Those who represent the Society of Apothecaries are bound to limit their views to medicine, in contradistinction to surgery, and to leave untouched the whole subject of the education of its members in surgery, and their practice as surgeons. As obstetricians, none of the existing institutions recognize you or represent you in the face of the Government.

Look at the existing anomalies. Look at the difficulties and intricacies which beset the Government when it attempts to deal with these anomalies. Let the question be seriously put—What is the remedy for this state of things? Upon various occasions when the Government attempted to legislate for the Profession, it naturally inferred that the College of Physicians, the College of Surgeons, and the Apothecaries' Society, constituted the Profession; but it no sooner took a step in advance, than it found itself wofully mistaken. These institutions were seen neither singly nor collectively to represent the Profession; and this is the reason that, hitherto, no Government has been able to effect any amelioration of the laws by which we are governed.

There is but one remedy for the social evils which afflict the community, and arise out of the present anomalous state of the Profession. That remedy is the establishment of a

New and Independent Royal Institute or College of Medicine, Surgery, and Midwifery. An Institute or College which shall receive within its pale all the General Practitioners of the present day, and provide for the full and efficient General and Professional Education of those who seek to practise as such in future; which shall regulate the general Practice of Medicine; shall have power to prevent encroachments upon the duties of the Profession by the illiterate and unqualified and to encourage and reward the cultivation of the Science of Medicine, and the collateral branches of knowledge by its members; shall provide a representative head and an official staff, which, as having been placed in their high and honourable position by the suffrages of the Profession at large, would truly represent to the Government the feelings and the opinions of the Profession, and on all occasions might be appealed to with confidence by the Government of the day, upon subjects which concern the General Practitioner, and his relation to the public, and to public hygiene. Any government which would grapple with this subject upon a comprehensive basis, and carry it through, would effect a more lasting benefit upon the nation, than the conqueror in a hundred battles, and would deserve the gratitude of generations yet unborn.

The general practitioners acted with forethought, discretion, public spirit, and consummate talent in organising themselves into a voluntary association; and in the whole course of their proceedings, as a combined body of so many thousand aggrieved individuals in the case of the National Association of General Practitioners. We have recently reperused the whole of the documents issued by that body. For judgment, temper, a logical display of all the intricate points at issue and of the true bearings of each, and for a lucid development of so difficult and entangled a question as that of medical reform, they are master pieces. The general practitioners have reason to be proud of the proceedings of this association, and also of those of the National Institute. The colleges, either from a deficiency of talent or a disinclination to display the truth to the world, have proved themselves unable or unwilling to explain, either to their own alumni, or to the profession and the world at large—not only the bearings of the medical reform question—but even their own proceedings in relation to that question; they have never issued any documents that will bear the slightest comparison in point of enlightened views and comprehensiveness with those of the general practitioners. We state this advisedly to the profession; and for the purpose of correcting a misapprehension which has too frequently been entertained; we also state, that the talent and exertions of the association, and of the Institute which sprung from it, have not been futile. Although the general practitioners have not obtained their object, they have still, by their voluntary exertions, secured some considerable advantages.

The National Association convinced the Government that it is not dealing with the Profession when it deals with the existing institutions; the National Institute induced the Government to call for representatives of the General Practitioners in the joint conferences between the different classes of the Profession, and the Profession and the Government. And the justice of the cause of the General Practitioners, as set forth by the executives of these Associations, further determined the Government not to take any step in Medical Reform, without making this class in the Profession a party to the proceedings.

This ought to convince the General Practitioners how much more they might effect by union and cordial co-operation. It is a subject of regret, that a few members of the Association—comparatively a very few—dissented from their brethren. As in all such cases a few active individuals are enabled to cause a much greater appearance of dissent than really exists, and when we find, by the reports of the Journals of the day, that in a meeting of a thousand medical practitioners the dissatisfied portion numbered no more than *seventeen*, we are led to the conclusion that, as a body, the General Practitioners appreciate the immense interests at stake, and are virtually unanimous; and it is consolatory that the Association still exists—intact. We trust, when the proper time arrives, that it will resume its meetings, enlarge its boundaries, complete its organization, sink its differences, re-animate its executive, and, following up the advantages it has already obtained, that it will carry to the chambers of Downing-street the convincing argument, that a unanimous feeling pervades the Profession at large, and that it is determined upon a bold, active, unwearying, endless agitation and warfare, until it has accomplished, for the benefit of the people at large, a complete and efficient measure of Medical Reform.

Remember, Gentlemen, that you are not the Profession of an aristocracy or of the court, but the Profession of the millions. It is the population at large which suffers from the existing anomalies in the Profession. We appeal to you not only as members of a liberal profession in a false position among the institutions of the country, but as men and Christians, and we call upon you to agitate for Medical Reform as a religious, as well as a social and political duty. In your capacity as General Practitioners of Medicine, the dearest interests of husbands and wives—parents and children—of whole families—rich as well as poor—are confided to you, individually. In your collective capacity, the interests of the community at large, in connection with health and sickness, are, or ought to be, vested in you. If you continue apathetic you are amenable for the continuance of the inconsistencies, and anomalies of the laws as they at present stand, and for the direful consequences which, under your own observation, are daily occurring. On the contrary, your union and co-operation in a combined movement, made with energy and perseverance, will, assuredly, at no distant period, secure their correction, and be rewarded with satisfaction and peace in the Profession, and innumerable advantages to the community.

The first number of the second volume of the 'Institute' will be published on Saturday next, January 4th. The advertisement issued in the title-page of the present volume, will be repeated in the next. To the principles embodied in that advertisement the 'Institute' will strictly adhere. We believe they are the only sound principles of Medical Reform—that any change in the laws which regulate the Profession and the medical polity of the kingdom—to prove effective, satisfactory, and permanent—must be founded on those principles. We beg our readers to bear in mind that, as a result of the development of the human mind, and the progress of knowledge, during a period of above two thousand years, in which a succession of men of the highest genius, of the most profound learning, of the most indefatigable industry, under the various denominations of physicians, surgeons, apothecaries, naturalists, chemists, or alchemists, have devoted their lives to the cultivation of medical knowledge, Medicine now emerges from the mysticism with which it was pervaded, and

the artificial divisions and distinctions which have prevailed, and takes its rank amongst the Sciences. That whatever part of medicine be practised as an art, that art is referrible to one and the same code of principles, and that it is preposterous folly to make diminutive portions of the art, as practised by sections of the professors of that science, the primary basis of educational and legislative distinction. We beg the General Practitioners to bear in mind, that the Medicine and Surgery which they practice are one and the same Science; that, as General Practitioners, they are totally unknown, unrepresented, repudiated, by the existing medical institutions, and, until a very recent period, by the Government of the country; because, educated in the principles of the science, they practice the art founded upon it in its universal application to the alleviation and cure of diseases, and the amelioration of the mental and physical ills with which their fellow-creatures are afflicted. This preposterous anomaly—this enormous injustice—as respects, not alone its Professors, but the Science of Medicine itself, has called THE INSTITUTE into existence; and if the feelings and opinions of the promoters of this new Journal prevail, the Profession will never rest until it is corrected.

We have the honour to be,

Gentlemen,

Your devoted Servants,

THE PROPRIETORS AND EDITORS OF
'THE INSTITUTE.'

INFLUENCE OF THE SEASONS AND WEATHER ON SICKNESS AND MORTALITY.

THE medical topography of England, through statistical and meteorological inquiries, has hitherto been fragmentary. The importance of such investigations no one will dispute; and we have been anxious, since the commencement of our Journal, to institute some such inquiries, upon a well-considered plan. The advance in the science of meteorology, within the last few years, has been considerable, and in many localities the results from good instruments are faithfully recorded. These results are published in the form of monthly values, but the period of a month is far too long, in respect to climate, medically considered, to institute comparisons of that precise and detailed kind which are requisite for the purpose of our profession. Our space enables us to publish weekly results only, though at times there is little doubt that a daily discussion of facts would be most desirable; but, at the same time, we shall endeavour that no remarkable fact relative to daily changes shall be omitted. James Glaisher, Esq., F.R.S., and of the Royal Observatory, Greenwich, has published, in the Philosophical Transactions, a series of corrections, which have recently been republished by the British Meteorological Society, by which the comparison of observations at different places will be greatly facilitated; and he has promised his valuable aid in the discussion of the observations for our Journal. In selecting the places, we have been decided by the advice of Mr. Glaisher; and our arrangements are so far advanced that we look forward with confidence to be able to begin the publication of weekly meteorological reports at the beginning of the new year, from the following places: Jersey, from the Rev. S. King. F.R.A.S.; Guernsey, from Dr. Hoskins, F.R.S.; Exeter, from Dr. Shapter; Uckfield, from C. L. Prince, Esq.; Lewisham, from H. Gordon, Esq.; St. John's Wood, from George Leach, Esq., F.Z.S.; Hartwell, near Aylesbury, from Dr. Lee; Cardington, near Bedford, from S. C. Whitbread, Esq., President of the British Meteorological Society; Nottingham, from E. J. Lowe, Esq., F.R.A.S.; Norwich, from W. Brooke, Esq., F.R.A.S.; Hawarden, from Dr. Moffat, F.R.A.S.; Wakefield, from R. Milner, Esq.; Stonyhurst, from Rev. A. Weld, F.R.A.S.; Whitehaven, from J. F. Miller, Esq., F.R.S.; Glasgow, from Dr. Dundas Thomson; and from Dunino, from David Tennant, Esq.

It appears of consequence to bestow a few words on the arrangements we have adopted with a view to ensure accuracy and regularity in our reports.

To every station blank forms will be forwarded, to be filled up with the observations required. At the end of each week, these will be sent to Mr. Glaisher for his superintendence in their examination, calculation of results, and preparation for the press.

The tables we propose to publish will furnish the means of deducing the relations subsisting between the seasons and the weather, in any particular period, with the amount of sickness and mortality, if such should have been concurrently noted, as shewn by the effects of the weather upon those diseases under the influence of atmospheric causes, and thus ascertaining upon what elements either sickness or mortality depends, and whether the amounts vary directly or inversely with pressure, temperature, sudden changes of temperature, daily ranges of temperature, or humidity in the atmosphere.

The periods in which the greatest number of cases of particular diseases occur may be arranged with the different elements in the tables, with respect to those cases.

The relative sickness and mortality in different periods with respect to the meteorology of those periods may be determined.

1st. By the comparison of results year by year, may be determined whether the same order of sickness and mortality obtains every year.

2nd. By the determination of the normal states of the atmosphere in the different seasons, the abnormal states during the prevalence of epidemics may be found.

It scarcely seems necessary to point out further the scientific importance of such reports, and the investigations to which they are applicable.

We are fully aware of the difficulty of making truthful observations respecting the influences of atmospheric phenomena on the production and modification of diseases, yet as such inquiries can be carried out fully by medical gentlemen only, who can include those of soil, geology, habits and occupations of the people, we do hope that many will be induced to pursue such inquiries.

In conclusion, we trust by these means to improve our knowledge of the medical topography of England, by giving the means of investigations in the modifications of endemic and epidemic diseases in different localities at different times.

LIST OF THE MEMBERS OF THE GREAT NATIONAL ASSOCIATION.

(*Extracted from the 'Paper of Transactions,' dated July,* 1845.)

Continued from page 279.

Cumming, W., jun., 2, Vittoria place, Commercial road
Cumming, W., Smethwick, near Birmingham
Cundie, W., jun., Brighton
Cunningham, Chas., 31, Sidmouth street, Regent square
Curling, H., Ramsgate
Curme, G., Dorchester
Curran, T., Earl's st., Paul's sq., Liverpool
Currie, Chas. W., Cricklade, Wilts
Currie, Jas., 39, Clifton street, Finsbury
Curtis, W. J., 8, Finsbury pavement
Curtis, C. F., Elstree, Herts
Curtis, H. C., Harrow

Curtis, Wm., Alton, Hants
Curtis, Wm., jun., Alton, Hants
Cutliffe, J. E., South Molton, Devon
Dalby, C. A., Ashby-de-la-Zouch, Leicester
Dalby, W. T., 4, Blackman street
Daldy, T. M., 33, New Bond street, City
Dale, Edward, 23, Holborn hill
Dale, G., 14, Commercial place, Commercial road
Dale, G. C., 19, King's place, Commercial road
Dalrymple, Donald, Norwich
Dancy, J., Blandford place
Dandy, D., Rufford, near Ormskirk
Danford, Frederick, Parson Drove, Wisbeach
Daniel, E. Stone, Stafford
Daniel, G., Manchester, Surgeon to the Manchester and Salford Lying-in Hospital, and Assistant Surgeon to Manchester and Salford Lock Hospital
Daniel, J. S., Blandford, Dorset
Daniel, J. S., Ramsgate
Daniell, E., Newport Pagnell, Bucks
Daniell, F., Liskeard, Cornwall
Daniels, H., 90, Jermyn street, St. James's
Dansey, John, Blandford, Dorset
Darvill, John, Walworth road
Daveny, H., Mattishall, Norfolk
Davey, R., 19, Great Ormond street
Davey, R., Walmer, Kent
Davids, J., Cowes, Isle of Wight
Davie, John C., Haddenham, Cambridge
Davies, D., 13, Lower Belgrave street
Davies, G., 2, Mile End road, Mile End gate
Davies, J., Tipton, Stafford
Davies, R. E., 140, Minories
Davies, T., 60, Cambridge street, Connaught square
Davies, W., Dove row, Hackney fields
Davis, A., Cerne Abbas, Dorset
Davis, T. B., Cerne Abbas, Dorset
Davis, Albert, Swindon
Davis, E., Cowbridge, Glamorgan
Davis, Geo. Millett, near Liverpool
Davis, G., 3, High street, Stepney
Davis, H. P., 62, Stanhope street, Hampstead road
Davis, J., Stepney
Davis, J., 66, Stanhope street, Hampstead road
Davis, J. B., Worcester
Davis, John A., Cathedral Close, Hereford
Davis, R., Bristol, House Surgeon to St. Peter's Hospital
Davis, R., 1, Worship square, Finsbury
Davis, R., Wreckerton, near Gateshead, Durham
Davis, R. S., 12, Mecklenburgh square
Davis, T., Hampstead
Davis, Thomas, Streatham common
Davis, T. P., East Retford
Davis, T., Tirkenham, near Bristol
Davis, —, Lindfield, Sussex
Davison, J., Alnwick, Northumberland, Surgeon to the Union Work-house
Davison, W., 12, York street, Covent Garden
Davy, H. W. R., Beccles, Suffolk
Dawson, F., 3, Union place, Lower road, Islington
Dawson, T., Renshaw-street, Liverpool
Dawson, W., 51, Lamb's Conduit street
Dawson, —, Moorgate
Day, E. E., Bristol, Senior Surgeon to St. Peter's Hospital
Day, F. N., Chudleigh, Devon
Day, H., Acton
Day, H. G., Isleworth
Day, J. N., Kenton, Devon
Day, L., 9, Salisbury square, Fleet street
Dayman, H., Millbrook, Hants
Dean, S., Vauxhall
Deane, G. S., Northern Hospital, Liverpool
Deane, S., Vauxhall road, Liverpool
Defriez, J. G., 20, Belgrave terrace, Haggerstone
Deighton, J., New Buckenham, Norfolk
Delamotte, H. D. C., Swanage
Dell, E., Highgate
Dempsey, W. C., Birkenhead
Denne, J., Buckenham
Dennis, A. W., Burnham
Denton, Thomas, Plymouth
Denton, S. B., Hornsey, East Riding, York
Denziloe, Mathew, Allington, Bridport
Derbishire, J., 45, London street
Dermott, G. D., Charlotte street, Bloomsbury
Derrington, W., Leicester
Devonald, E. L., 71, Great Tichfield street
Dewey, W., Tiverton, Devon
Dewsbury, P. R., Tring, Herts
Dewsnap, M., Hammersmith
Dicken, H., Ashby-de-la-Zouch, Leicester
Dickens, G., Hertford
Dickenson, W. F. D., Ulverstone
Dickinson, W., 37, Sloane street
Dickman, D., 16, Cambridge street, Edgeware road
Dickson, J., St. Hillier's, Jersey
Dickson, E. T., St. Hillier's, Jersey
Dighton, B. W., Northallerton
Dighton, C., Northallerton
Dilke, C., Nuneaton, Warwick
Dill, J., Brighton
Dingle, J. K., 31, Upper Eaton street, Pimlico
Ditchett, W. D., Louth, Lincolnshire
Dix, J., Smallburgh, Norfolk
Dixon, F. B., Norwich
Dixon, G., Markham square, Chelsea
Dixon, H., Cricklade, Wilts
Dixon, H., Deal
Dixon, J. L. W., Brighton
Dixon, Thomas George, Frodsham, Cheshire
Dixon, T. G., Knotty Ash, near Liverpool
Dixon, W., Bishopswearmouth
Dixon, W., Tickhill, Yorkshire
Dobbs, W., Newark-on-Trent, Nottinghamshire
Dobson, C. H.
Dobson, J. S., Harlow, Essex
Dodd, C., Northampton
Dodd, D., 9, Wilderness row, Clerkenwell
Dodd, George, Seymour-street, Liverpool
Dodd, J., 12, Portman street, Portman square
Dodd, J. B., 2, Fonthill place, Clapham road
Dodd, R. T. S., Chichester
Dodsworth, F. C., Turnham-green
Dolman, J. T., York
Domlevy, J. E., Liscard, Cheshire
Dommett, E., 9, Rosamond Buildings, Islington
Donahoo, T. M., 27, White Horse street, Stepney
Donald, J. R., 6, College terrace, Islington
Donne, G., Bristol
Dorr, C., Mareham-le-Fen
Dorrington, T., Manchester, Surgeon to the Manchester and Salford Lying-in Hospital
Dossar, James, Hull
Doswell, G. H., Ventnor, Isle of Wight
Doubleday, E., 249, Blackfriars road
Doughty, T., 37, Fore street, Cripplegate
Douglas, Henry, Wymondham, Leicester
Douglas, J., Bradford, Yorkshire, Surgeon to the Infirmary
Douglas, W. T., Banbury, Oxon
Dowling, T., Chew Magna, Bristol
Downing, C. T., Chipping Norton, Oxon
Downing, G., Greenwich
Downing, H., Castle Eden, Durham
Doyle, M. J., Ramsgate
Drake, C., Norwich
Drake, F. W., East Bergholt, Suffolk
Drake, T., 8, Nassau place, Commercial road, East
Drew, W., 79, Gower street, Bedford square
Drewry, E., 8, Park terrace, Highbury
Driver, G. V., 3, Lower Grosvenor place
Driver, W. E., Chalford Hill, Gloucesteshire
Druigan, John, Gainsborough, Lincoln
Druitt, R., 29A, Curzon street, May fair
Druitt, W., Wimborne, Dorset
Drummond, G., Brighton
Drury, John, Bushy, near Watford
Drury, M., High street, Deptford
Dry, W. H., 40, Upper Salisbury place, Lock's fields
Duchesne, C., 22, White Lion street, Norton Folgate
Duckworth, Dupré, Tamerton Folliott
Duffin, E. W., 14, Langham place
Dugdale, D., Burnley, near Manchester
Duke, T. O., 17, Harleyford place, Kennington
Dukes, E., 5, Acton place, Kingsland road
Dulvey, J., Chatham
Dummage, G. N., Newport, Salop
Dumthorne, J., Wickhambrooke, Suffolk
Duncan, E., 3, Leadenhall street
Duncan, R., Tunbridge Wells
Duncan, W., North Shields
Dunkerley, E., Oldham
Dunn, E., Ulverstone
Dunn, R., 15, Norfolk street, Strand
Dunsford, W. J., Bristol
Dunlop, Walter, Rochdale
Du Pasquier, C. F., 4, Cleveland row, St. James's
Duplex, G., 28, Guildford street, Russel square
Dusautoy, H., Southampton
Dutton, J., St. Peter's place, Hammersmith
Dyer, J. C. W., 11, St. George's terrace, Liverpool road
Dyer, T., Ringwood, Hants
Dyson, T. W., Oldham-street, Manchester

Eager, J. K., Ripley, Surrey
Eager, R., Guildford
Eagle, F., 28, Archer-street, Bethnal-green
Eales, W., 23, Parliament-street
Eardley, B., Great Haywood
Eastes, S., Folkestone
Easton, J. B., Stebbing, Essex
Eastwood, J., Meltham, near Huddersfield
Eastment, W. G., Wincanton
Eaton, W., Grantham, Lincoln
Eaton, F., Ancaster, Lincoln
Ebbage, T., Leamington, Warwick
Ebden, William, Ilaughley, Stowmarket
Ebsworth, A., Bulwell, near Nottingham
Edcumbe, Rd. D., 26, Shaftesbury-crescent, Pimlico
Ede, J. R., 1, Maythorne-place, Pentonville
Edgar, R. P., Houghton-le-Spring, Durham
Edgar, Samuel, Birkenhead
Edge, P. H., Salford
Edge, J., Exeter
Edger, Shotten, near Castle Eden, Durham
Edinborough, W., 74, Coleman street
Edinborough, J. J., 41, Friday street
Ediss, G. N., Landport, Portsea
Edmunds, J., Kineton, Warwick
Edmonson, T., Leyburne, York.
Edward, A. F., Wivelscombe, Somerset Surgeon to the Infirmary
Edwards, J., Bampton, Devon

(*To be continued.*

MEDICAL INTELLIGENCE.

MEDICAL SOCIETY OF LONDON.

Saturday, December 14th, 1850.

Dr. J. R. Bennett, President, in the Chair.

ANEURISM OF THE AORTA.

Dr. Lankester exhibited a specimen of very large aneurism of the aorta. It had been taken from a tailor, aged 39, who had been a patient at the Royal Pimlico Dispensary for upwards of two years and a half. When the man presented himself, he complained of pain in the side and chest, and a beating sensation. On examination, a swelling was found about the size of a hen's egg, having a strong pulsation. On applying the stethoscope, the sounds of the heart could be distinctly heard, and a bruit accompanied the second sound. The pulse was feeble, more so on the left side than the right. The tumour got larger, and at one time was very tense and pointed; it subsequently got larger at the base, and was much less tense and free from pain. The treatment pursued was the administration of sedatives, digitalis, henbane and opium, a nutritious diet recommended, and all stimulants forbidden. The man continued to follow his occupation, with occasional interruptions, to the day of his death, which happened last Monday, when, making an effort to rise from his shop-board, he suddenly fell backwards and died.

On making an inspection forty-eight hours after death, the body was found not to be much emaciated. The external tumour was gone, and in the place of it there was a depression between the first and second ribs. On opening the left pleura, it was filled with serum and coagula. On examining further, a slight longitudinal opening was discovered, communicating from the pleura with the sac of the aneurism. The aneurismal sac occupied the whole of the transverse arch of the aorta, and was of great size, capable of containing from twelve to twenty ounces of fluid. On opening the sac, it was found that the subclavian and carotid were permeable. The part of the sac which protruded externally, had produced only slight absorption of the first and second ribs, but had forced the first rib upwards, and the second downwards; thus forming for itself an osseous internal ring. On the outside the ribs, the cyst extended so as to give an enlarged base to the external tumour. Dr. Lankester exhibited three other specimens of aneurism of the transverse portion of the arch of the aorta, for the purpose of showing how variously aneurisms burst. One of these had burst into the trachea; another into the pericardium; and another into the œsophagus. He also made some observations on the relief which the patient had experienced after the extension of the base of the tumour externally. The duration of this case was also of interest. He concluded that it could not have existed less time than two or three years previous to his first seeing it.

UNUNITED FRACTURE.

Mr. Gay exhibited two portions of bone, the ends of a femur, on which the operation of resection had been performed for ununited fracture. The bones were roughened at their extremities by small portions of osseous tissue, which had been irregularly thrown out. These small masses were not deposited in such a manner as they would have been, had any tendency to re-union manifested itself, and were more porous than healthy bone. Ten weeks elapsed from the time of the operation to the amputation of the limb; and although the condition of the external wound gave indications of a healing tendency, yet, at the end of that period, the state of the limb showed that no union whatever had taken place. The ends of the bones, for the period alluded to, were kept firmly in apposition; the patient was a fine healthy individual, but why no more reparative efforts had been made, Mr. Gay was at a loss to conjecture.

In reply to a question from Mr. Canton, Mr. Gay said that resection of the bones was resorted to, because the ends of the bones overlapped each other to a considerable extent, and the state of the muscles would not allow of their being brought into apposition.

EXCISION OF THE HEAD OF THE FEMUR.

Mr. Haynes Walton said, that the subject which he had selected for the consideration of the evening was, the propriety of removing the head of the femur in certain cases of disease of the hip-joint. During the last few years the attention of the profession had been specially directed to that operation: some able surgeons having advocated it, and successful cases had been recorded in its favour; whilst others of equal celebrity had either condemned it altogether, or had been silent respecting it. In that conflict of opinion, while himself approving of the operation under certain restrictions, he brought the subject before the society rather for the purpose of eliciting their views, and to get the matter fairly discussed, than to state dogmatically his own. The question which he begged to propose was, *At what stage of the disease of the hip-joint may the operation of removing the head of the femur be performed?* To answer this, two conditions must be taken into account; first, the state of the local malady, and next, that of the system at large. *First, then, of the local affection.*—In the aggravated cases of hip-joint disease (the milder ones did not fall within the scope of his remarks), the conservative powers of the system are sometimes exercised in an astonishing degree; but, unfortunately, they often failed, and the patient died worn out by protracted suffering, little or no attempt at repair being made. It was then in those cases where the powers of the system have been prostrated from the local irritation, where the last chance of a natural though vicarious cure has departed, that he thought surgical aid by means of an operation may sometimes be resorted to. It was not necessary in a society like that to prove formally that it was disease of the osseous tissue of the joint that perpetuated the evil of morbus coxarius, and in the treatment of which we were so much baffled. All present must know the severe and continued sufferings that a limited extent of diseased bone will cause. He should adduce merely two instances. In the *Edinburgh Medical Journal*, vol. xxxvi., p. 257, Mr. Syme spoke of a thigh-bone in his possession which he had taken from the body of a woman who had laboured under caries of the trochanter major for thirteen years; yet the whole disease could be covered by the point of a finger, and was not thicker than a sixpence. He had met with a more remarkable case than even that, as far as time was concerned; that was, with a little more disease in the neck of the femur, but very little more, seventeen years were spent in suffering. *Then of that general condition of the system that co-exists with the local affection, with reference to the admissibility of an operation.* Suspicions of the unsoundness of the lungs, or of some of the abdominal viscera, may fairly be entertained in most or all the cases in the last stage of morbus coxarius, and hence the imperative necessity of accurately examining these organs in order to obtain correct information. If disease be detected, it was obvious that operative interference would be imprudent; even with negative evidence of soundness, it might be a question whether it would be advisable to interfere. Equally important to rejecting a patient that was diseased, was it not to submit one to operation who, although sound in vital organs in the strict sense of the word, was prostrated beyond the chance of recovery? He would ask if the low and depressed state in which those patients lie for months may not cause such mal-nutrition and mal-assimilation as to lay the foundation for the internal development of tubercle; and if that was so, surely that was an additional argument against the operation being deferred too late. The next important question to be ascertained was, the extent to which the bony structure of the hip-joint was usually diseased, and under what amount of implication might we be justified in operating at this critical period? We found in surgical authorities that the acetabulum was as frequently the seat of the disease as the head of the femur, but he ventured to question the accuracy of that statement. The specimens met with in our museums ought not, he thought, to have much weight, because they were not sufficiently numerous, and because, generally speaking, the more aggravated a disease, or the greater its rarity, the more readily was it chosen for a museum. But, apart from that, there can be no doubt that there was a reparative power displayed in an unhealthy acetabulum, that was not met with in a like manner in the head of the femur when it is diseased, the morbid acetabulum often getting well, while the other bone remained unsound and the cause of the death of the patient. The implication of the os innominatum was the great argument used by those who have doubts about the propriety of the operation, or who discountenance it altogether; whether the part was or was not diseased, necessarily hinged the great difficulty of deciding on operative measures. He thought it most probable that few operations would succeed were they executed when the acetabulum was unsound. When the usual characters that denote disease of the pelvis are absent, and when the head of the femur was dislocated, he thought it may generally be assumed that the acetabulum was healthy. Yet that negative, and we admit not uncertain evidence, may not, from individual peculiarities of cases, be capable of any general application; but fortunately, a critical point of the diagnosis, *the position of the head of the femur*, may frequently be ascertained. The finger may be passed through some one of the many sinuses that now riddle the soft parts over the joint, or it may be ascertained by a slight exploratory incision either in a sinus or through sound skin—a practice which, in many cases, with reference to saving life by the operation, he

held to be perfectly justifiable. Another advantage of the exploratory incision was, that the state of the acetabulum may also be ascertained. It must be borne in mind, that the natural fulness of the hip, with its thick muscular mass, no longer existed; the patient was little more than a skeleton; and that the *sounding*, if he may so call it, could be done, with great care, by little cutting, and at most it would cause little bleeding. The difficulty of ascertaining the existence of dislocation may be unaccountable to those who had not investigated the subject with reference to that point. The cessation of the growth of the femur, the loss of a portion of its head, the shortening and loss of obliquity of the neck of the bone, the flatness of the nates, and the direction of the foot,—for it may be inwards or outwards,—may all be the means of misleading the best practical surgeons, and inducing them to believe that there was dislocation when there was no such thing. He would adduce proof of that. In justification of the operation, in other words, concerning the principle under which it may be performed, he would refer to the daily practice of surgery for like examples, not only in the removal of diseased bone, but even of entire joints. Nature herself, the most infallible of all guides, gives illustration in her throwing off diseased bone; large portions, nay, even the heads of thigh-bones in states of disease, have been thrown off. The conclusion at which he arrived was, that there were cases of hip-joint disease where the disease was limited to the head of the femur, the acetabulum healthy, or no longer implicated,—that is, having recovered if it had been diseased,—the head of the bone dislocated and lying in a sinus or abscess cavity, the patient sinking from exhausting suppuration, there being no internal disease, or other manifestation of external local injury, than that in the hip, that the removal of the head of the femur would save life. Mr. Walton then gave the particulars of twelve cases that had been operated on, six of which had died, and six recovered. Two others were mentioned who had undergone the operation, but the results of which he could not learn. He then went on to say, that the formation of a false joint, a wonder to those who have not looked into the subject, appears to be about the earliest reparative act, just perhaps the reverse of what the physiologist or pathologist would expect. Time would not allow him to go into the practical surgery of the operation; but he could not refrain from remarking, that the removal of the head of the femur, when dislocated and lying, as it were, loose, is a very much less severe operation than is imagined. In seven cases in which he had seen it done (he had been present on eight occasions), not a ligature was required, and the amount of blood lost was surprisingly small; were it otherwise, that is, with regard to the loss of blood, that alone would be sufficient to render it inapplicable to the class of cases under consideration. The wasted and riddled buttock of which he spoke, when alluding to the diagnosis of dislocation, greatly facilitated, and made easy the process of operating. In several of the cases little more was required than to open a sinus, to raise the head of the femur, and saw it off. Removing the head of the femur could scarcely be classed among the mutilating operations, for what was taken away was not, strictly speaking, under the circumstances, missed, and no more deformity was produced by its loss, than existed in those cases in which there was recovery after an advanced stage of hip disease with dislocation. The amount of bone that should be removed must depend on circumstances, but, *cæteris paribus*, he would say that the removal of the head will suffice. Mr. Fergusson thought, that if the trochanters were removed as well, the limb would be more easily brought in a line with the pelvis, and the cure thereby facilitated. Except that extension or counter-extension were not needed, the same treatment was necessary as when there was compound fracture of the thigh. Heretofore he had avoided using the term caries, except in quotations, for that word has received such dissimilar significations, that he scarcely knew how to apply it; besides no one single term could express correctly the conditions of the bones in morbus coxarius, for most unquestionably they were found in very different states, as he would show. When introducing the specimens that were on the table, one author spoke of caries as mere ulceration, whether simple or malignant; another, as a rottenness, or mouldering or crumbling of bone. Mr. Stanley defined it in his work 'On the Diseases of Bones,' to be "the changes which, under certain circumstances, were consequent on chronic inflammation in the cancellous structure of bone." Several excellent casts, taken from patients that have been operated on, were produced.

Mr. B. Travers, after briefly speaking of the history of the operation for the resection of the head of the femur, observed that surgeons generally had been shy of having recourse to it; because scrofulous disease should be interfered with, by the knife, with the greatest caution. Nature herself frequently effected a cure when her proceedings were not meddled with; in proof of this he mentioned the case of a child where the whole shaft of the tibia, and another where the greater part of the clavicle, had been necrosed, and yet nature had reproduced the bones, and a cure was the result. He thought that in those cases where recovery followed the operation, constitutional treatment would have been equally successful, and more rapid in its effects, and, therefore, in his opinion the operation should be rarely, if ever, had recourse to.

Mr. Dampier agreed with Mr. Travers, and was of opinion that the condition of the acetabulum should decide the performance of the operation. If it were in a diseased condition the resection would not, of course, be practised.

Mr. Clarke did not consider that Mr. Walton relied sufficiently on constitutional treatment. He would be glad to learn the duration of life in those cases which were reported to have been successfully operated on.

Mr. Chalk thought the operation should not be performed in too great haste, as it was often very difficult to diagnose between morbus coxarius and psoas abscess. There was also danger of secondary hæmorrhage, which might destroy a patient exhausted by previous disease. This had been shown in one of Mr. Walton's cases. Besides this, the removal of a local disease would not cure a constitutional taint, where the reparative powers of the soft parts are essentially wanting; the limb, consequently, is but little better, and often worse after the operation has been performed. He was opposed to the operation in the generality of cases, because appropriate treatment directed to the removal of the constitutional taint will often effect a cure.

Mr. Gay considered that the operation, in many cases, would relieve, even if it did not cure. Every instance of hip disease did not depend on struma. In scrofulous cases, he certainly would not have recourse to the operation, till every evidence of active struma had disappeared. If the acetabulum were involved in the disease, the part affected should also be extirpated, if possible. In illustration of this remark, he mentioned a case of strumous disease of the humerus, the glenoid cavity slightly participating; he removed the diseased part, and the patient recovered.

Mr. Henry Smith had seen all the cases alluded to by Mr. Walton, with the exception of two. Mr. Fergusson's operation was performed in 1845. The patient, a boy, was in the last stage of hectic, and his decease at one time was fully expected. Four inches of bone were removed. He was now in full health, and quite fat; and had been recently able to walk a distance of four miles without a crutch, with no other assistance than that of a stick. In the second case also the patient had fully recovered: he was able to walk with the aid of a stick. The patient operated on by Mr. Morris at Spalding, was in a similar condition. Mr. Fergusson had had four cases: of these, three had certainly recovered. The fourth he (Mr. S.) had not been able to trace. He did not regard disease of the acetabulum as an impediment to the operation. When the case was left for anchylosis, the result was a deformed and useless limb.

Mr. Lloyd believed that the operation was perfectly justifiable, inasmuch as the appearances after death had in many cases shown that the internal organs were quite healthy. In those cases, however, which depend on struma, the operation should not be performed, but constitutional remedies employed. There were, however, many cases which did not depend on struma, as their predisposing cause; scrofulous deposits in the joints were comparatively rare. Again, the operation should not be practised during the existence of active disease, but only when the malady had become chronic.

Mr. Coulson regarded morbus coxarius as a very common complaint. Out of 230 cases in the Margate Infirmary, thirty or forty were instances of hip disease. The operation was very easy, and he explained the steps of it.

The principles he laid down, by which we were to judge of the propriety of the operation, were as follows:—

1. It should be operated on only in the fourth stage.

2. There should be dislocation of the bone, because, as a foreign body, the dislocated end, if left to itself, would excite constitutional disease, and besides, if there were no dislocation, the ends of bone were in the position most favourable to promote anchylosis. Now, dislocation was very rare, the head of the bone usually having been destroyed by ulcerative absorption.

3. The acetabulum should be healthy, and he differed from Mr. Smith; this was very difficult, sometimes impossible, to determine. He instanced two cases occurring in the practice of eminent surgeons, where psoas abscess was mistaken for hip disease. The acetabulum besides was generally diseased; and he gave reports of the four last cases examined at the Margate Infirmary, in all of which the acetabulum had been found perforated. To remove in such cases the diseased femoral head and neck, without touching the acetabulum, was useless.

4. There should be no disease of the pelvic or vertebral bones;

and he instanced two cases in which psoas abscesses had been mistaken for diseased hip bone by eminent men.

5. There should be absence of disease in all the internal organs.

Applying these tests to the cases related—in eight of the cases, the acetabulum was either diseased or psoas abscess co-existed, or internal disease. In four it was justifiable. In one the details were too imperfect to enable a correct judgment to be formed.

Mr. Walton briefly replied.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

December 10th, 1850.

Dr. ADDISON, President, in the Chair.

CASE ILLUSTRATING THE DIFFICULTIES OF DIAGNOSIS OF MORBID GROWTHS FROM THE UPPER JAW.

WITH REMARKS.

By PRESCOTT HEWETT, Esq.

Assistant-Surgeon to St. George's Hospital, &c.

THE patient, a man aged 25, was admitted into St. George's Hospital, under the care of Mr. P. Hewett, in May, 1848, with a large tumour of an irregular shape, occupying various regions of the left side of the face. Presenting every appearance of having originated in the antrum, this tumour was found in the front and back part of the cheek, in the temporal fossa, in the orbit, and in the nostril, extending to the back part of the pharynx; round in shape, but lobulated, it was firm and elastic to the touch, perfectly moveable, and, in the nostril, of a dead white colour and glistening appearance. The skin, conjunctiva, and mucous membrane of the nose were quite healthy, and no enlarged glands could be detected in any part. The history of the case was, that six years previous to his admission into the hospital, the patient was troubled with a disease, supposed to be a polypus of the nose, which had been easily removed by forceps; subsequently, however, the cheek began to swell, and the tumours gradually made their appearance in the regions in which they were found;—all this had occurred without any pain, and with very little inconvenience. A year ago caustic had been extensively applied in two different places, large cicatrices marking the spots. This treatment had produced no effect on the disease, and no fungating growths followed the application. At different times there had been extensive bleedings from the nose, which had somewhat reduced the patient.

At a consultation of the surgeons of the hospital, it having been resolved that, in all probability, the disease was of the fibrous kind, and connected with the antrum, the removal of the upper jaw was decided upon, Dr. Snow, to whom the surgeons of St. George's are so much indebted for the able manner in which he for a long time administered chloroform at the hospital, having kindly undertaken to give it on this occasion. The patient being seated in a chair, the operation was performed in the usual manner; but, on removing the superior maxillary and the malar bones, it was discovered that the disease was not connected with the upper jaw;—it was altogether behind it. The larger portion of the tumour was dissected from off the pterygoid process, to which it was firmly attached. Those portions which were in the orbit and temporal fossa were removed without difficulty, being for the greater part simply connected with some very loose cellular tissue. The patient, having become faint, was placed in the horizontal posture, and a small quantity of stimulant administered, after which he soon rallied. The portion of diseased structure in the back of the nostril was then removed with a strong pair of curved scissors. The pulse having again failed, the patient was at once laid on a bed, and carried into an adjoining room; different restorative means were made use of, and he appeared to rally somewhat; but shortly afterwards, as the breathing became embarrassed, an opening was at once made into the crico-thyroid membrane, and, as a last resource, an attempt was made to carry on artificial respiration with a tube, but every effort proved of no avail;—the patient soon died. But few vessels were met with during the operation, and no great amount of blood was lost. Little or no bleeding followed the incision in the neck. A careful examination of the bones removed during the operation showed that, in the superior maxillary, the antrum was all but obliterated, the posterior wall of the sinus having been forced, by the tumour lying behind it, against the anterior one; there was merely a chink left, the cavity of which was quite free, and lined by healthy mucous membrane. The malar was much more curved than natural. The structure of both bones was perfectly healthy. The tumours were of a purely fibrous character. At the dissection of the body, it was made out that the tumour had originated in the roof of the left nostril, its main point of attachment having been to the under part of the body of the sphenoid and inner surface of the pterygoid process. Portions of diseased structure were still found in the sphenoidal sinuses, as well as at the upper and back part of the septum nasi. Some loose bits were also found deep in the temporal fossa, and at the back of the orbit. These were lying in the cellular tissue. They were all connected to each other by slender pedicles, one of which passed through a hole in the perpendicular portion of the palate bone; that in the orbit had reached this situation by creeping through the spheno-maxillary fissure. The bones were throughout healthy in structure. The tissue of the growth was purely fibrous. The trachea and bronchial tubes, even to their minute ramifications, contained a quantity of frothy blood. The structure of the lungs was crepitant throughout, but each section presented numerous small dark spots of ecchymosis, produced by some of the air-cells having been also filled with blood; these organs were otherwise free from disease. The heart was healthy; its cavities contained small black clots, but the greater part of the blood was thin and fluid, and did not coagulate on exposure to air. The other viscera were quite healthy.

In his remarks, Mr. Prescott Hewett principally drew the attention of the Society to the great difficulties which at times were found to exist as to a correct diagnosis of the precise region in which a tumour of the upper jaw had originated. Of these difficulties the present case afforded a good illustration. The history of the patient, and the various regions in which the tumour existed, had led to the conclusion that the disease, having sprung from the antrum, had gradually burst through some of the walls of this cavity, and thence spread to the spots where it was found. The operation, and the subsequent dissection proved, however, that the antrum had not been the starting point of the disease. Mr. P. Hewett had little or no doubt that the morbid growth had first begun in the nostril, and had subsequently reached the pterygo-maxillary fossa, either by making its way through the spheno-palatine foramen, or by breaking down a portion of the palate bone; once in the fossa, the progress of the tumour may be easily traced; it passed into the orbit through the spheno-maxillary fissure, and in the face, it had in some parts made the bones yield, and in others it had so completely moulded itself to their shape, creeping over their cutaneous surfaces, that the outlines of the bones were scarcely discernible. Mr. P. Hewett's remarks were altogether confined to tumours of a fibrous character. The morbid appearances observed about the lungs led Mr. P. Hewett to ask the question whether the administration of chloroform was advisable in operations about the mouth where there was likely to be a certain amount of bleeding. He had no doubt that the blood found in the lungs had got there by passing through the glottis, and he doubted very much if such would have been the case had no chloroform been used. Many surgeons, fearing this accident, had of late not failed to condemn altogether the use of chloroform in these cases; but some, being unwilling to submit their patients to such serious operations without it, had adopted a middle course, administering this agent in the first steps of the operation only, hoping thus to avoid all risk. It remained still to be proved, however, whether, even with this precaution, there might not be danger in using anæsthetics in some operations about the mouth.

Mr. Fergusson remarked that the case just read illustrated the difficulty of diagnosis in cases of tumour of the upper jaw. The utmost care had been given to the investigation of the disease, as, indeed, the high reputation of the surgeons who had been consulted would lead every one to believe; still the growth proved not to be what was anticipated. It was looked upon as a tumour of the upper jaw-bone; but it appeared that its sole connection with that bone, was its lying in apposition with it. From the description, he might have suspected it to be a tumour of the antrum, and but for the accurate account given of the state of that cavity, which was compressed in front of the growth, he should have concluded that it commenced there. No mention had been made of the shape or form of the front of the superior maxilla, except that it was said to have been quite normal, and there was not any distortion of any part of it. From this he would have thought the tumour deep seated, as generally in diseased growths in the antrum, it expands equally in front as behind. Where, therefore, there is not any change in the shape of the upper maxilla, especially of the alveolar process, an operation should not be hastily performed; because the growth will probably be deep seated, as in the case before the society. He himself, in this instance, would have hesitated greatly in resorting to an operation, there not being any change in the alveolar ridge, and the tumour extending towards the orbit, and upwards and outwards, involving the zygomatic ridge and fossa. The difficulties attending such cases were fully exemplified by the circumstances of the case under notice. There were other points worthy consideration, but as they had been already previously discussed, he would not allude to them then. As regarded the use of chloroform, he

had frequently operated in cases of this kind since it was first used, and in some of his cases the operation was of considerable duration. Chloroform or ether was employed in these operations, and when its effects began to wear off, its application was repeated, but no harm had ever resulted, nor even any sign which would lead to the conclusion that it might so happen. He had at first thought that its use should be contra-indicated in such operations, because the blood which trickled into the throat, might pass into the larynx and cause mischief. He had, indeed, refused to operate under such circumstances, if chloroform were used; but experience had since proved to him that there was not any cause for fear in such circumstances. Even in cases where blood had trickled into the larynx, no mischief had ensued. He would wish to know the duration of the operation, for, if protracted, even a strong man might become exhausted. Under the circumstances every feature in the case should be fully inquired into, before death be attributed to the influence of the operation, or the inhalation of chloroform.

Mr. Prescott Hewett stated in reply that only eight or ten minutes were occupied in tilting the bones out of their places. The operation was a very simple one, some of the bones having been loosened from their attachments by the tumour; he could not, however, state the absolute duration of time the operation continued; it was more protracted in consequence of the patient's fainting. He did not think it exceeded twenty minutes altogether

Dr. Webster observed that in all the cases in which death had resulted from the influence of chloroform, the blood was found in a fluid state, and black in colour, with air in the heart or veins. This was found to be the case in the last instance of death from chloroform in France. He wished, therefore, to inquire of Mr. Hewett the state of the blood, &c., in his patient. It had not been alluded to in the report read before the Society.

Mr. P. Hewett believed the blood was fluid and of a dark colour, but not black; he could not say whether there was or was not air in the cavities of the heart. If chloroform had been the cause of death, it was not in the usual manner in which it kills, but by causing suffocation, from the blood trickling into the larynx.

Dr. Snow differed in opinion with Mr. Hewett, as to the presence of blood in the air-passages. There certainly was not any blood in the larynx during the operation, because there was not any difficulty of breathing. There were symptoms of fainting, but none of dyspnœa. His opinion was confirmed by the results of other cases, in which he had exhibited chloroform, and no such effects were produced. He had had five other such cases: four of extirpation of the upper, and one of the lower, jaw-bone; and cases besides of other operations, where the danger would be equally great, if the glottis were paralysed by the chloroform. There was not any operation that would put this so fully to the test, as that for hare-lip, when the child is laid on its back in the lap. He had had several such cases, yet in no one instance had there been any signs of blood passing into the lungs. The frothy blood in the windpipe, and the ecchymoses in the lungs—for there was not blood enough in those organs to induce suffocation—entered after the operation had been completed, between the time of his (Dr. Snow's) leaving the hospital, and that of the patient's death. It must have occurred during the collapse, or probably while he was in *articulo mortis*. This explanation, he thought, was more in accordance with the symptoms, and with the experience of other operations. He (Dr. Snow) had experimented on cats with chloroform, and had found that the larynx was not paralysed by it. Fluids would not pass through it into the larynx, as he had put the cats, when anæsthetised, under water, none of which had entered the wind-pipe. The functions of the nerves of sensation, under the influence of this agent, are affected as in death from asphyxia. In drowning persons, water does not enter the lungs as soon as they become unconscious, although a little may pass in when dying. It is consequently no longer the custom to hold up drowned persons by the heels, so that the water may run out. In the animals he had killed with chloroform, the blood was always more or less coagulated; he thought its fluidity in human beings destroyed by the anæsthetic agents, was owing to the attempts at artificial respiration, and the other processes adopted to save life. The glottis is part of the respiratory apparatus, and we may expect that it will retain its sensibility, as long as respiration continues. It had been stated in the paper, that surgeons generally were of opinion that this operation was not one adapted for the inhalation of chloroform. They had just heard Mr. Fergusson express a different opinion, and he knew several other eminent surgeons who held the same views as Mr. Fergusson.

Mr. Johnson would wish to refer to one or two points connected with the operation. There had been three principal causes stated for the fatal occurrence, independent of chloroform. The first was, the duration of the operation; the second, the drawing in of the blood into the air passages; and the third, the wound of the trachea, with the efforts at artificial respiration, and the subsequent trickling of the blood into the windpipe. With respect to the first: the operation was not longer than usual; indeed, the first steps were rapidly performed, and the proceeding was suspended solely on account of the patient's fainting. It was again protracted from the difficulty in removing the back part of the tumour, but still it was not of so long a duration as some of these operations often are. With reference to the other points, although he had seen several operations performed about the face, he had not seen, nor was he aware of an instance of the blood trickling into the throat, entering the windpipe. The opening into the trachea was made when the patient was dying, or just dead. The question then was, was chloroform the cause of death? From what he saw of that operation he would be unwilling to use chloroform in any operation on the face or mouth. When it induces palsy of the glottis or not; death, he thought, was caused in this instance by the blood in the air passages.

[Mr. Barlow said that his impression was, that the patient was destroyed by chloroform. The operation was performed with remarkable rapidity, and there was not any shock to the system. There was no other way of accounting for the death so readily as by the chloroform. No agent will so effectually diminish muscular irritability as chloroform, and therefore there must always be a certain amount of danger in operations about the face, when it is used. In five cases, perhaps, its influence may not be sufficient to induce danger, but in the sixth it may cause death. The diminution of muscular irritability by chloroform has been proved by experiments. He quite agreed with Mr. Hewett in his explanation of the cause of death. The diminished irritability of the glottis would allow the passage of blood into the lungs, and the latter would be unable to expel it, on account of the action of the anæsthetic agent.

Dr. Marshall Hall said the case exhibited the effects of chloroform on the larynx and heart. He did not know a more fearful poison than chloroform. It is very important to understand its effects on the whole system. The influence of chloroform is first exerted on voluntary motion, next on the respiratory action, and lastly, on the circulation. If death occurred but rarely in hospitals from the use of this agent, it was owing to the skill of the administrator. It was different in private practice, because the persons using it may not be skilled in its exhibition. This patient died from the effects of arrested respiration and circulation, and from asphyxia. With respect to Dr. Snow's experiments, the respiration in drowning is more expiratory than respiratory—more likely, consequently, to expel fluids than to draw them in. He himself had rarely had opportunities of witnessing the effects of chloroform on human beings; what he had seen had been principally on animals. The great question was as to the use of chloroform at all. He thought the change a bad one from ether to chloroform; the former was far less dangerous. Dr. Hall then alluded to a case of amputation under mesmerism, the particulars of which had been read before the society some years ago, but had since been acknowledged to have been a piece of trick and knavery.

Dr. Copland referred to the influence of shock on the system after operations, and thought it a question for surgeons, whether it was not greater when insensibility had been produced. He believed it was; and that the salutary reaction which follows when no such effect has been produced, is more likely to be beneficial, than when it has been preceded by anæsthesia. With respect to the blood in the air-passages, it had not been shown whence it came. In most cases of death from chloroform, the lungs were congested, and the blood partly fluid. This state may have led to the presence of the blood in the air-passages, by its effusion through the bronchial membrane.

Mr. Tracy observed, that Dr. Snow had stated that the patient had fallen into syncope, and died an hour afterwards. He had never known a patient die from chloroform under such circumstances; but, perhaps, the death was owing to the combined influence of shock and of chloroform. He had never seen a case in which blood had passed into the lungs after operations on the mouth, when that agent had been used, although he had employed it in many cases.

Dr. Addison said that in a fatal case which had come under his notice, the first bad symptom was the cessation of hæmorrhage. He would ask Dr. Snow, as he was so decided that the patient did not die from the chloroform, what led him to form that opinion.

Dr. Snow, in reply, observed that the patient was not so insensible as usual; the breathing was not stertorous, nor were the muscles relaxed. The operation is itself a most dangerous one; the patient was greatly reduced and blanched by repeated hæ-

morrhages; the tumour was more difficult to remove than had been anticipated; it extended far back, and could not be entirely removed, and an oozing of blood going on from the part remaining *in situ*. Chloroform prevents the immediate shock of the operation, but when its influence ceases, the shock may commence. All these things together show that the case, in a surgical point of view, was more serious than is generally met with, although not of necessity fatal. He did not think, therefore, that chloroform should be blamed for the fatal termination.

Dr. Webster said his question respecting the presence of air in the heart and veins was not answered, although it was most important to decide as to the cause of death. He had certainly been told that the blood was dark and fluid, as it occurs in these cases, and he thought chloroform was in some way connected with the death.

Mr. Hewett answered there was not any in the heart. The veins had not been examined.

Mr. Ch. Hawkins thought Mr. Hewett did not refer the death to the ordinary use of chloroform, but to an accidental occurrence in its exhibition. It was a very important question for young surgeons, as to whether they should employ chloroform in such cases. He saw the operation performed: it was rapidly done, and there was not any very great loss of blood. He had seen many severe operations, but never before saw any one die so. He seemed to die more like a person into whose veins air had entered. He was surprised at Dr. Copland's observation that the shock was greater under anæsthetics; he should have thought it quite the reverse. If indeed it were so, it would add another to the objections against its use.

Mr. Cæsar Hawkins thought it very natural that Dr. Snow should seek to throw off the blame of the death from the chloroform; but no blame could really attach to the operator. He himself was convinced that the death resulted from the blood passing into the lungs, and this would not have happened, if the patient had not been under the influence of chloroform. It was an accident, and a very simple one; but we are not, therefore, to reject the use of the anæsthetic. It is, no doubt, a powerful poison, and should not be used for trivial operations, such as tooth-drawing. As the only fatal hospital cases were those in the Borough, two at Guy's, and one at St. Thomas', he would ask Mr. Solly whether the chloroform was not administered by the house-surgeons and dressers.

Mr. Solly said that the particulars of his fatal case had been published in all the medical journals of the time. No one was regularly appointed at St. Thomas' to exhibit it, but its effects were carefully watched. In his case, a dresser watched the circulation and said it was failing, and the next moment the man was dead. The heart was paralysed. In Mr. Hewett's case, he believed death was caused by paralysis of the heart, the tendency to it being greatly increased by the previous hæmorrhages. He would not use chloroform in operations for the removal of tumours of the upper jaw-bone. He would wish to know whether the patient was sitting or lying down.

Mr. Hewett replied,—sitting.

Mr. B. Phillips said there had been a good deal of difficulty as to the cause of death, which had not been solved. Before ether or chloroform were used, there were instances of sudden death on the operating table, and there always would be.

The next meeting will be on the 14th January, 1851.

COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

CI.—Aneurism of the Apex of the Left Ventricle, followed by Pericarditis. By O'B. Bellingham, M.D.—Case. J. N., a servant, aged 50, was admitted into St. Vincent's Hospital, August 11, 1849. Three weeks ago, he complained of debility and oppression of breathing, which was relieved by treatment. Two days ago, hemiplegia of the right side with total loss of speech set in, the mouth being drawn to the right side. On admission, the countenance was pale and haggard, he was unable to speak, but was conscious, and put out his tongue when desired, which was deeply coated with white fur, and drawn towards the affected side. The paralysis of the face had disappeared, and the hemiplegia had diminished. Since the attack, he had been unable to lie down from dyspnœa. On examination of the chest, signs of congestive bronchitis upon both sides were evident. The heart's action was strong: no valvular murmur was heard, but the sibilant and sonorous râles were sufficiently loud to mask it, even if it had been present. Radial pulse visible, locomotive, and intermittent. The patient died on August 15th.

Post-mortem Examination. On removing the calvarium, a considerable amount of fluid blood escaped. The veins of the brain were much congested, but there was no evidence of the ruptnre of any vessel, either upon the surface or in the substance of the organ. The ventricles contained the average amount of liquid. The brain was healthy. The anterior surface of the heart was coated with a thin layer of recent lymph; posteriorly, the opposed surfaces of the pericardium were connected by recent and friable adhesions. The heart was much enlarged, weighing 20½ ounces; the left ventricle predominated much over the right. Near its apex, the left ventricle presented a rounded prominence upon both surfaces. The parietes at this part were thinner and of darker colour than elsewhere. The ventricle was dilated at its apex into a rounded cavity, about the size of a small hen's egg, which was nearly filled with layers of fibrine, coloured with the red particles of the blood. The parietes of the pouch were thinned, in one place exceedingly so, and very friable, so as to be readily torn with the finger. The upper part of the cavity presented nothing abnormal. The walls of the sac were formed by the muscular fibres of the ventricle, and by the endocardium and pericardium. The sac did not open into the ventricle by a narrow mouth; it appeared to have been formed in a great measure by the yielding or partial dilatation of the walls of the ventricle. The mitral and aortic valves were healthy; the lining membrane of the aorta, near its origin, presented some patches of adventitious deposit. This case was interesting as an example of the manner in which nature strengthens the parietes in such cases, and postpones the fatal result. Pericarditis had been set up, and a layer of lymph had been effused, which, if the patient had lived, would have ended in adhesions between the opposed surfaces of the pericardium, and would thus have strengthened the parietes of the heart at the weakest point.—*London Journal, December*, 1850.

CII. Ruptured Aneurism with enormous Distention of the Bladder from Retention of Urine.—H. B., aged 33, admitted March 17, 1850. A married woman, residing at Sydenham. It appeared, that about twenty-five years before, she had been run over by a cart, and for some time she suffered much in consequence. She had been married fifteen years, and had always enjoyed good health until within the last five years, when she suffered from an attack of acute articular rheumatism, affecting especially the left knee and ankle; from which, however, she soon recovered. In October 1848 (writes Mr. Wilkinson, her medical attendant), I saw her for the first time, she was then suffering from acute pain just above, and anterior to, the right ilium with frequent pulse, great fever, vomiting, dry tongue—thirst, in short, all the symptoms of acute peritonitis. It seems that she had been taking dinner to her husband, who was at that time signal-man to the Croydon railway; the day being very cold, she was much chilled, and, when hurrying home, got over a fence; whilst doing so she felt as if something had given way within her. Immediately severe pain came on, very circumscribed at first, but eventually spreading itself over the whole abdomen. Under the use of leeches, calomel, and opium, she speedily convalesced, and, at the expiration of a month, was in her usual health and spirits. In January, 1849, she had a similar attack, which terminated in about the same time.

From this time she seemed to have had good health until February 20th, 1850, when Mr. Wilkinson was again called upon to attend her, in consequence of a renewed attack of articular rheumatism, especially implicating the knee joint; under the administration of appropriate remedies she continued improving until March 15th, when she stated that she was knocked down by a cart, the wheel of which went obliquely over the pelvis, after which she had been unable to pass her urine, and had suffered severely in consequence. On the 17th, the desire became so great, and the agony so augmented, that she was compelled to seek for medical assistance. Both Mr. Wilkinson and Dr. Power endeavoured for some time to introduce the catheter, but were completely foiled in their attempts, even though a slight ocular examination was instituted. Dr. Lever was then requested to give his advice; and he, understanding from their representation that the bladder could not be relieved by means of the catheter, and that it was distended to a level with the umbilicus, suggested (not having seen her) that she should be immediately removed to the hospital, in order that any operation which should be thought necessary might be performed. She had been accustomed, for some years, to suffer from temporary difficulty in micturition, but never required the use of an instrument.

When admitted, she was in a state of extreme collapse, the countenance of a deadly pallid hue, expressive of extreme anxiety,

and of intense agony; the lips blanched, and the whole surface of her body pale and cold; the tongue dry and furred; pulse extremely small, and very rapid. The abdomen enormously distended by the widely-expanded bladder, and extremely tender on pressure. On the right thigh three old and deep cicatrices were observable.

On making a vaginal examination, the pelvis was discovered to be completely blocked up by what appeared to be an immense mass of malignant disease, there being barely room for the introduction of one finger. The tumour seemed to proceed from the right side, pushing the bladder towards the left. After some exertion and trouble, Mr. Cock detected what appeared to him to be the orifice of the urethra, and through it introduced a small probe into the bladder, and, taking this for his guide, passed No. 1 male catheter; the bladder was speedily evacuated, and the patient considerably relieved. The catheter was left in, but the following morning there was tenderness and pain over the abdomen, with tympanitis. From this period she gradually sank, and died exhausted, March 20th, at 1 p.m.

Necropsy twenty-five hours after death.—The vagina and pelvis were completely filled with a mass of coagulated blood, which, on further examination, was proved to have resulted from the bursting of an aneurism, situated just at the division of the common iliac artery of the right side. There was no malignant disease, nor was there any stricture in the urethra; but the clot had, no doubt, firmly pressed against it, and thus obstructed its canal. A false passage was found beneath the urethra, from the introduction of the catheter. There was also a large sloughy opening in the posterior wall of the vagina. No peritonitis, nor any visceral disease.

It is probable, in this case, that the old injury had given rise to such mischief in the coats of the artery, as to lead to the subsequent formation of an aneurism, which the recent violence had sufficed to burst. The attacks of rheumatism, supposed to affect the bone, might derive some of their pain from the pressure of the aneurism upon the compressed nerve, while the former difficulty, and recent impossibility to micturate, were, no doubt, owing to the pressure of the tumour, and, more recently, to the gradual effusion of blood, the accumulating pressure of which was sufficient to constrict the urethral channel.—*Guy's Hospital Reports*, 1850.

CIII.—Tumour within the Orbit.—Case reported by Dr. Hooper. A young man, 20 years of age, was first seen by Dr. H. last October. The left eye was then protruded apparently by a tumour behind it; the vision was scarcely impaired, and there was no pain except on taking cold. The protrusion began three years before after a severe cold, and increased gradually for eighteen months, but had been stationary for the last six. In November, he left the Infirmary, not relieved; and on the 7th of last June was re-admitted. The eye was then enormously protruded, and there was added to this a mass of chemosis, which gave the patient a frightful appearance. There was also pain, with entire loss of vision. The organ having been removed, he was discharged on the 25th of June, doing well.

On examination, the eye itself appears sufficiently healthy. The tumour, which was situated deep in the orbit, and was divided by Dr. H. in removing the mass, is loosely connected with the globe of the eye, about equal in size to the globe itself, well defined, of rather a soft fleshy consistence, and presenting a uniform partially organized appearance; and on microscopical examination, proved to be malignant.—*American Journal.*

CIV.—Dislocation of Femur reduced on Sixty-eighth Day, by Jarvis' Surgical Adjuster.—Case reported by Dr. Josiah Crosby, of Manchester, N.H. On the 16th of January, 1849, Mr. P. of W., N. H., aged 56, muscular, weighing about 180 pounds, of intemperate habits, was thrown from a sleigh and dislocated the left hip. Six weeks passed before the nature of the injury was understood, and more than three weeks afterwards before any attempt was made to reduce it.

On the sixty-eighth day of the dislocation, I saw the patient for the first time—found him lying in bed with all the diagnostic signs of dislocation of the head of the femur upwards and backwards; limb below the natural temperature, purple, œdematous, and shortened from three to four inches. Although the case seemed almost hopeless, it was agreed that an effort at reduction should be made, and Jarvis' Adjuster was accordingly applied. Before extension was commenced, an attempt was made to bring the patient under the influence of chloroform, but it was soon abandoned on account of violent spasms which were produced by it, and the operation was done without the aid of this powerful agent. The extension was continued, gradually increasing the power, for nearly twenty-four hours, when by a little rotation of the limb, the head of the bone was brought into the socket with a snap audible to the bystanders.

The hand of an assistant was placed on the trochanter while flexion and slight rotation were given to the limb, to see if the leg would remain at full length and in the right position. Everything proving satisfactory, the patient was laid in bed, and a bandage applied about the hips to guard against accidents from motion.

Dr. C. remarked that in the report on Surgery to the National Medical Association for 1849, the chairman of that committee gives an unfavourable opinion for himself and Prof. Pope of the St. Louis University, in regard to the "Adjuster," but that no statistics were given on which this opinion is founded. He was of opinion that an instrument of so much power and of so varied application deserves a fair trial, and that by this test its character should be fixed.—*Idem.*

MEDICAL NEWS.

Health of London During the Week.—In the week ending last Saturday, the deaths registered in the metropolitan districts amounted to 1,116. This result shows a small increase on the average of corresponding weeks in the ten years 1840-9, which is 1,146 (without correction for probable increase of population); the numbers severally returned in these weeks having been less than 800 in 1841, and having risen to 1,262 in 1846, and, by the force of influenza, to 1,946 in 1847. During the three weeks, which have just elapsed, of the current month, 1,004, 1,090, and 1,166 deaths have been successively recorded; but it must be observed, that the formidable increase in the present return is caused, not exclusively or principally by an augmented rate of mortality, but by an influx of coroner's cases, which occurred at dates antecedent to last week, though the registration of them has been postponed till the close of the quarter. Of the deaths on which inquests are held the largest proportion fall under the category of "violence;" and of these 4 are now enumerated under poison, 11 under burns and scalds, 6 under hanging and suffocation, 2 under drowning, and 27 under fractures and wounds (of which 14 occurred to men by accidental falls on the street, and by falling from windows and other heights). Two boys, 3 girls, and an aged woman were burnt by the clothes taking fire; 3 children were accidentally suffocated in bed; 6 children died from want of breast-milk; a woman was poisoned by an overdose of laudanum, and a child by Godfrey's cordial. Intemperance was fatal to a man and a woman, by producing apoplexy; and a miller of 19 years died from "disease of lungs and knee-joint (about 4 months)," whose illness is stated to have arisen from inhaling the dust of his mill.

Among the fatal cases of last week, diseases of "the lungs and other organs of respiration" are conspicuous on the list; they amount to 274, nearly the same as in the previous week, and still slightly exceed the average. Bronchitis numbers 102, pneumonia 117, and asthma 34 deaths. In the tubercular class, there are 8 from scrofula, 16 from tabes mesenterica, 25 from hydrocephalus (or water in the head), and 112 from consumption.

Amongst epidemics, small pox carried off 21 children and 4 adults, nearly the same number as in the former week; measles 21; scarlatina 30; hooping-cough has risen from 42 to 52; croup numbers 10; diarrhœa 16; typhus 43; and erysipelas 11. A single case of cholera was registered, as follows:—In the workhouse, Mile-end New Town, on December 16th, a boy, aged 8 years, "English cholera (48 hours) consecutive fever (3 days)."

An analysis of the 1,166 cases registered last week, shows that:

The causes of death were certified by written statements of medical attendants, in	1,044	cases.
Coroners' Inquests on others were held in	91	,,
Medical attendance was not obtained (nor inquests held) in	9	,,
Causes of death were not certified (or only by oral statement of attendant or informant) in	22	,,
Total	1,166	

Hence it appears that the cause of death, either certified by the medical profession, or which became the subject of investigation before Coroners' Juries, form 97 per cent. of the total number.

The births of 729 boys, and 748 girls, in all 1,477 children, were registered in the week. The average of corresponding weeks in five years (1845-9) was 1,342.

At the Royal Observatory, Greenwich, the mean daily reading of the barometer rose to 30·027 in. on Friday, and was 30·120 in.

on Saturday; the mean of the week was 29·412 in. The mean daily temperature, which was 48·9° on Sunday, continuously decreased throughout the week, and was 33° on Saturday; the mean of the week was 38·6°, rather less than the average of the same week in seven years. Having been 8·5° above the average of the same day on Sunday, it was 6° below it on Saturday. The wind, which was generally in the south-west on the first three days, afterward changed to the north-west.

APOTHECARIES' HALL.—The following are the names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, the 19th of December:—William Sutherland; Nathaniel Clement Wood, Norfolk; James Heneford Jerwood; Robert Bolton; John Morton, Norfolk; Nathaniel Stenson Wood; Robert Bohun Kidd, Norwich; Robert Rooke Prance, Adelands; Alfred Beckett, Thorne; John Gabriel French, Burton-on-Trent.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 20th inst.:—Messrs. Alexander Carson, Coleraine, county of Derry; Robert Wall, Cork; Robert Sproule, Brockagh, county of Donegal; Thomas John Eames Brown, Dorchester, Dorset; Robert Roberts, Dyffryn, Ardudwy, Merionethshire; Thomas John Jones, Amlwch, Anglesea; John Gibson, Hackney; Nathaniel Walton Jones, Chichester, Sussex; John Meane, Brighton, Sussex; Frederick Hudson, Stockport, Cheshire; and James Backhouse, Bindloss, Manchester. At the same meeting of the Court Mr. Julian Woollgar Slight passed his examination for naval surgeon; this gentleman had previously been admitted a member of this college, his diploma bearing date June 27, 1845.

NAVAL APPOINTMENTS.

Surgeon.—John Jolliffe (1850), to the Pandora, 6, at Devonport.

Assistant-Surgeon.—Adam Gordon (1842), to the Independence.

Assistant-Surgeons James Niven, M.D. (1841), of the Seagull, 6, schooner, to be surgeon.

Assistant-Surgeon William M. K. Saunders, M.D. (1841), of the Victory flag ship, at Portsmouth, to be surgeon.

COLLEGE.

ROYAL COLLEGE OF SURGEONS.—Mr. Highley has been appointed bookseller to the Royal College of Surgeons.

Mr. R. A. Stafford has been appointed, by the Council of the Royal College of Surgeons, to deliver the annual oration in memory of John Hunter, the founder of the museum bearing his name.

Gentlemen kindly expressing their willingness to furnish weekly returns of observations of atmospheric phenomena for the Meteorological Reports of this Journal:—

Dr. Hoskins, F.R.S., Guernsey.
Rev. Samuel King, Jersey.
Dr. Shapter, Exeter.
Charles Leeson Prince, Esq., Uckfield.
James Glaisher, Esq., Dartmouth-terrace, Lewisham Hill.
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Rev. Alfred Weld, Stonyhurst College.
Dr. R. W. Thomson, Glasgow.
David Tennant, Esq., Dunive, St. Andrew's.

NOTICES TO CORRESPONDENTS.

ROBERT DUNN, Esq., with thanks for his communication.

THOMAS PAYSER, Esq., of Wirkesworth, with thanks also for his communications.

J. MOORE NELIGAN, of Dublin.

Dr. SUTRO, of Broad-street-buildings.

T. HERBERT BARKER, M.D., of Bedford.

HENRY BROMLEY, Esq., Rippingale Bourne.

WILLIAM ALLISON, Esq., East Retford.

JAMES GLAISHER, Esq., Blackheath.

VINDEX, with postage stamps for D. B., is cordially thanked for them as well as for his kind letter.

We again request that those gentlemen who have kindly forwarded us newspapers, will be so good in future as to mark the passages with the scissors to which they wish to draw our attention.

The *Manchester Guardian* has been received. We are at all times glad of provincial papers when they contain local news of any importance.

M.R.C.S. We refer you to our answer to IOTA, in our last number. Your case is not by any means singular, but only tends to show the absurdity of the existing laws.

A TWO YEARS' STUDENT had better send us his name and address. His confidence will not be abused, but it can hardly be expected of us that we should insert anonymous communications.

A SUBSCRIBER IN A MINING DISTRICT is informed, in reply to his query, that the best description of Filter we are acquainted with, is "Bird's Hydrostatic Syphon Water Purifier." The great advantage of this filter consists in its affording a *constant* supply, without the slightest trouble. The expense is very trifling. It will filter from 150 to 200 gallons a day, and is always ready. When these benefits are compared with those obtained from the old filters, such as Lipscombe's and others, yielding only a few tea-cupfuls of flat, insipid fluid, after waiting many hours, the advantages are very striking. Instead of the water requiring to be poured into the filter, the filter is dropped into the water, which is conducted over the edge of the cistern or water-butt by means of a metal pipe, at the extremity of which is a tap. The entire instrument is about the size of a quart measure, and is made of tin. The only place in London that we know of, where they can be obtained, is the office of "The Wenham Lake Ice Company," 164a, Strand.

Notwithstanding that we have given our Subscribers an enlarged Number on the present occasion, we have been obliged to omit the insertion of several valuable papers, which, if possible, will appear in our next.

Dr. LITTLE is thanked for his communication.

Dr. GARDNER's valuable paper shall appear in our next.

"Gazette Medicale De Montpellier," has been received.

HUNTERIAN SCHOOL OF MEDICINE, 1, Bedford-street, Bedford-square.—The Course of Lectures on the GERMAN MINERAL WATERS, commenced on Wednesday, October 30th, is continued every Wednesday, at a Quarter-past Two p. m., by Dr. SUTRO, Physician to the German Hospital.

Gentlemen of the Profession are at liberty to attend on presenting their cards.

INSANITY.

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A DISTRESSING CASE. D. B., aged 44, residing at Bedford, a member of the College of Surgeons, and Apothecaries' Company, highly educated, and of irreproachable character, is disabled for practice by Paralysis, and, with a wife and eight children, is in great distress.

A few of his medical friends, deeply sympathising with him, anxious to procure a small annuity, and to place his family above the want of the common necessaries of life, have determined to appeal to their professional brethren generally, and sincerely hope that the appeal will be responded to by all who can spare a trifling sum for that purpose.

The following gentlemen, to most of whom Mr. D. B. is personally known, have kindly consented to receive donations—namely, James Luke, Esq., of Broad-street Buildings, London; Dr. A. Robertson, of Northampton; James Mash, Esq., of Northampton; Dr. James Mackness, of Hastings; Thomas Martin, Esq., of Reigate, Surrey; Dr. Edward Hodges, of Bath; T. Slater, Esq., of 6, Great George-street, Liverpool; Edward Dudley Hudson, Esq., of Marlborough, near Leicester; Isaac Hurst, Esq., of Bedford; and Dr. T. H. Barker, of Bedford.

Any further information, which may be required, will be gladly afforded by either of the latter gentlemen residing at Bedford.

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CLASSICS.—Richard D. Hoblyn, M.A., Oxon., Author of "Dictionary of Medical Terms," and other scientific works, formerly Lecturer on Botany, Saint Thomas's Hospital.

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This Society is now in active operation, and prepared to grant Life Policies of Assurance for sums not exceeding Two Hundred Pounds, and also for Deferred Annuities.

The Society is also desirous to complete the list of Subscribers for the Sickness Fund, in order to bring this branch also into immediate operation.

28, Bloomsbury-square,
December, 1850.

GEORGE HAWTAYNE, Secretary.

PERFECTION IN FILTERS AND CISTERNS.

PURE WATER is one of the most important matters that can possibly concern the heads of families, when it is known that the health is injured and the lives of all are endangered, not only by drinking Water containing gross impurities, but also from the common practice of using Lead Cisterns, it being a fact well known to practical Chemists and scientific men,—although perhaps not so generally known by the public,—that lead is acted upon by water, and the more pure the water the more readily it is affected by it.

In consideration of this fact, the *Wenham Lake Ice Company* have, for some time, directed their attention to the manufacture of Cisterns which are free from this great objection; also to the best means of rendering water perfectly pure by Filtration. They now offer, and wish more fully to introduce to the public, a perfect means of supplying pure water, by BIRD'S SYPHON WATER PURIFIER, a Filter invented by a practical Chemist, which has received the sanction of most of the leading scientific men of the day. Also, their PATENT GLASS ENAMELLED CISTERNS, which are, without exception, the best for the purpose of containing pure water ever invented; thus supplying everything desirable in connection with that most important article of domestic use—water; first, by rendering it free from all impurities, and then by furnishing a reservoir in which it may be kept for any length of time, without in the slightest degree becoming affected by metallic properties injurious to health.

These Cisterns are made of wrought iron, which is completely cased by a glass enamel fused by great heat, which will resist the strongest blow; it never chips off, and there is no deleterious article in its composition, like the ordinary enamel, which is known to contain arsenic.

The Company are prepared to supply and fit up their Filters and Cisterns upon very short notice at the lowest possible remunerating profit, for cash; and are willing to adopt the novel plan of supplying filtered water by contract: thus guaranteeing to their patrons a full supply of pure filtered water at a trifling annual cost.

Office of the Wenham Lake Ice Company, 164 A, *Strand*, 1851.

The following are a few of the most recent Testimonials, selected from a vast number received by Mr. BIRD, since the first introduction of his Filter:—

"THE GENERAL BOARD OF HEALTH, Gwydyr House, Whitehall, June 27, 1850.

"SIR,—I have no hesitation in saying that I consider the Hydrostatic Syphon Water Purifier the best mechanical Filter I have as yet seen, because it may be used without trouble or alteration in any existing cistern.

"I am, Sir, yours truly,

"To ALFRED BIRD, ESQ." "ROBERT RAWLINSON."

FROM THE HEAD MASTER OF THE BLUE COAT SCHOOL, BIRMINGHAM.

"Mr. BIRD'S Patent Hydrostatic Syphon Water Purifier has been in use in this Institution for some time, and I have much pleasure in testifying to its thoroughly cleansing the water from all impurities; thereby improving the taste, and rendering it safer to drink, especially during the Summer months, when the Water abounds in impure matter. The supply from the Syphon is sufficient for our Establishment, where the consumption is necessarily large, there being nearly two hundred persons in the house.

"*Blue Coat School, Birmingham, September*, 17, 1850." "GEORGE KIRKLAND, MASTER."

FROM THE PATENT JOURNAL.

"Our attention has lately been called to an invention of Mr. ALFRED BIRD, Experimental Chemist, of Birmingham, for filtering water, and which appears to be coming into very general use and appreciation. The apparatus consists of a small cylindrical metallic vessel with a tube and stop-cock, adapted for any length; in the interior are two inverted cones, and filtering media, through which the water ascends, when by drawing the air from the end of the tube, the instrument becomes a syphon. At the moment the vacuum is made by drawing the air from the tube, the filtered water flows freely, and may be drawn off without further trouble. Nothing can be more simple in its action, based as it is on the scientific principles of the laws of fluids. The water we have seen filtered by this machine, certainly appeared to be exceedingly pellucid, and to possess that freshness of flavour generally wanting in the ordinarily filtered element. On the whole, therefore, we feel pleasure in recommending this filter to public notice, more especially as it can be applied to any cistern or reservoir, and permits of an almost unlimited supply—both of which are advantages over the old filter, of no small importance. The price (if indeed price should be allowed to enter into consideration in such a question), is so moderate as to place this instrument within the reach of all."

Dr. LINDLEY, F.R.S., &c., says in the *Gardeners' Chronicle*, of November 2, 1850, that "after having had several weeks' personal acquaintance with the action of BIRD'S Hydrostatic Water Purifier, it appears to him to be admirably contrived for filtering water perfectly."

FROM THE BIRMINGHAM ADVERTISER.

"Among the most useful inventions of the age is one by ALFRED BIRD, an able practical chemist established here. Mr. BIRD has put it in the power of every one to drink pure water for the future. He has invented a Water Purifier, which, in the language of his advertisement, to which I would in a very special manner direct our London friends' attention, 'delivers per day an abundant stream of from 150 to 200 gallons of water, as pure, sparkling and brilliant as a diamond.' This is just the invention of the age, and calculated to meet one of the universal desiderata for sanitary improvements.

BIRD'S HYDROSTATIC SYPHON WATER PURIFIER

DELIVERS (PER DAY) AN ABUNDANT STREAM OF FROM 100 TO 200 GALLONS OF WATER, EQUAL TO THAT WHICH FLOWS FROM THE FINEST MOUNTAIN SPRINGS,

Retaining all its crystalline freshness and beauty, and as brilliant and sparkling as the Diamond.

THIS FILTER is made externally of a pure white metal, more brilliant and durable than silver, and is but four inches in diameter and seven inches high To set it in action it only requires to be dropped into the water, and the Pipe hung down outside. It purifies rain, river, tank, pond, or pump water, however dirty, the water retaining all the atmospheric air, on which the freshness of the taste depends.

It is especially adapted for the use of Private Families, Hotels, Inns, Club Houses, Hospitals, Public Institutions, Ships on long voyages, &c., &c., and in all cases where a never-failing supply of good water is desired. On ship-board the Purifier will be exceedingly valuable, If it be put into a bucket, the bucket being kept constantly full and suspended about six feet from the deck, the pipe exhausted and hung down, it will supply water of the greatest purity for a ship's company of three hundred men.

DIRECTIONS.—Carefully uncoil the Pipe, and bend it over the edge of the cistern. If the cistern be deep, the Purifier can be suspended by the bend of the pipe over the edge of the cistern, taking care that the Filter is always under water. If the cistern be shallow, the Filter should stand on two bricks at the bottom, to keep it out of the sediment which usually collects at the bottom of water cisterns. To set it going, apply the mouth to the tap, and withdraw the air. The instant the vacuum is formed, the water will rapidly ascend through the Filter, and springing over the bend of the pipe, will run an abundant stream.

For the first day, let the Tap remain constantly open, to wash out any dust which may happen to be left in the Filter, during the process of manufacture. Afterwards the Water may be drawn off as wanted.

For purifying Well or Pump Water, put the Filter into any vessel or cistern, which should be placed on a shelf or wall, four or five feet high, and kept full of Water; withdraw the air, by applying the mouth to the tap, as before directed, and it will begin to act.

If the stream should ever become small, take the Filter out of the cistern, and blow down the Pipe till all the water and impurity are forced out at the bottom. When air only goes through, replace the Instrument as before, and the stream will be found as copious as ever.

N.B.—Pipe can be had of any length, to suit the different heights of cisterns. The higher the cistern and the longer the pipe, the more copious will be the stream.

THE WENHAM LAKE ICE COMPANY, 164A, STRAND, LONDON.

(Purveyors to Her Majesty, the Queen,)

Are the Sole Manufacturers of the PATENT GLASS ENAMELLED CISTERNS, and their Office is the Depôt for supplying BIRD'S FILTER, wholesale, retail, and for exportation.

PRICE of the FILTER, Twenty-five shillings.

The GLASS ENAMELLED CISTERN, from Fifteen shillings.

THE FIRST NUMBER OF THE SECOND VOLUME OF THE NEW WEEKLY MEDICAL JOURNAL,

ENTITLED

THE INSTITUTE,

Will be Published on Saturday, January 4th, 1851.

It is the intention of the Proprietors of 'The Institute' to form Two Volumes annually. For the convenience of Subscribers, they will therefore consider it advisable to bind up into a Volume all the Numbers of the Journal which shall have been issued at the close of the present year, and to commence the new year with another Volume, in which it is anticipated there will be many new features. Among other things, it is intended to publish a weekly report of the Meteorological condition of the Atmosphere in reference to its influence on sickness and mortality; and to assist us the services of James Glaisher, Esq., F.R.S., and of the Royal Observatory Greenwich, have been secured.

Although 'The Institute' Journal can only date a three months' existence, there will be found in its pages a vast amount of matter bearing upon practical subjects. Independently of the Original Communications and Editorial Articles, valuable information has been furnished to the practical man under the separate headings, "Philosophical Gazette," and "Compendium of Medical Science." Much of this has been translated from the best German and French authorities; some portions have been extracted from the American Journals and the remainder from the best writers on Medical subjects in our own country. The selections have been made chiefly with a view to their practical bearing on Medicine and Surgery, and their utility to men fulfilling the arduous duties of General Practice. The following is a Synopsis of Contents of the Numbers at present issued:—

LECTURES.

Lectures on the Absurdity and Barbarity of the distinction between Medicine and Surgery, by William Lawrence, Esq., Member of the Council of the Royal College of Surgeons. Lectures I., II., III., and IV., on the German Mineral Waters, delivered at the Hunterian School of Medicine, by Sigismund Sutro, M.D., Senior Physician to the German Hospital. Illustrated by a Map, showing all the German Spas.

ORIGINAL COMMUNICATIONS.

Medical Guide to the Principal Spas of Germany, by Dr. Sutro. On Hereditary Tendencies, by P. C. Lord, Esq. On Pauper Medical Practice. Case of Compound Fracture, by Dr. Webster. Case of Fractured Cranium, by Dr. Bedingfield. Extraordinary Obstetric Case, by Dr. Jones. Case of an Acephalous Child, communicated by George James Squibb, Esq. A Case of Tuberculosis, with Tubercles in the Lungs, Intestines, and Mesentery, without Hectic Fever, by Henry Ancell, Esq. On a new mode of producing Electricity, by Dr. Sutro. Viability of the Fœtus. Remarkable Case by John Greening, Esq. Case of Dislocation of the Head of the Humerus upon the Dorsum of the Scapula, by R. Dunn, Esq. The Treatment of Ovarian Dropsy, from a Contributor. Illustrations of Pauper Practice. Medical Guide to the Principal German Spas, by Dr. Sutro. Remarkable Case of Catalepsy, by Peter Hood, Esq., M.R.C.S. Medical Ethics; or the Duties and Qualifications of Medical Men, by George James Squibb, Esq. Difference between the Fibrine of Muscle and that of the Blood. Dr. Rademacher's Treatment of Dysentery, by Dr. D'Alquen. Case of Fracture of the Skull from the Bursting of a Gun, by William Collyns, Esq. Successful Treatment of an extensive Nævus, by the Actual Cautery, by Thomas Warner, Esq. Case of Encysted Ovarian Dropsy—Hydatids, by a General Practitioner. Leaves from the Diary of a Parish Doctor.—No. III.—By Theophilus Probe, Esq. On Cases of Fatal Blow on the Pit of the Stomach, by Peter J. Martin, Esq. Cases in General Practice, by G. Webster, Esq., M.D., M.R.C.S., Ed. On Diphtheritis and Ulcerated Sore Throat, involving the Larynx. Medical Archæology, by George James Squibb, Esq. Dr. Bedingfield's Cases of Fracture of the Cranium, continued. On the Efficacy of Large Doses of Opium in Retention of Urine from Spasmodic Stricture, by J. Bowling, Esq., M.R.C.S. Case of Fatal Jaundice produced by Cod-liver Oil, by R. Craven, Esq. Medical Guide to the Principal German Spas, by Sigismund Sutro, M.D. Case of Congenital Malformation, by H. J. Swann, Esq. Small Doses of Medicine not Homœopathic Doses. The Homœopathic Quackery, by Thomas H. Smith, Esq. Cases in General Practice.—On Diphtheritis and Ulcerated Sore Throat, involving the Larynx—No. II—By George Webster, Esq., M.D., M.R.C.S. Ed. On Kaladana, a Neglected but Excellent Purgative, by John Gardner, Esq., M.D., F.C.S., &c. On the Use of Hot Arm Baths in the Treatment of Croup, with a few Remarks on the General Treatment, by Dr. D'Alquen. Leaves from the Diary of a Parish Doctor—No. IV.—The New Regime, By Theophilus Probe, Esq. Medical Archæology.—No. II.—By George James Squibb, Esq. On Placenta Prævia, by Robert Dunn, Esq. Leaves from the Diary of a Parish Doctor.—No. V.—The New Regime, by Theophilus Probe, Esq. Cases in General Practice; illustrative of Principle III. of 'The Institute.' On Mutilations of the Fœtus in Utero. A Novel and Simple Instrument for performing the Operation of Transfusion. Remarkable Case of Ejectment of a Foreign Body from the Right Bronchus, after being lodged there many years. Cases in General Practice:—Amputation of the Foot, and Fracture of the Cranium. By James R. Stedman, Esq. Cases from the Note Book of a General Practitioner. By George James Squibb, Esq. Two Remarkable Cases of Ruptured Uterus. Case of Atrophy of the Heart. Stricture of the Pylorus caused by Gall Stone. Apoplexy with Sanguineous Effusion. On Certain Disorders of the Liver: the use of some New Remedies in their Treatment. By John Gardner, M.D., F.C.S. On Disorders of the Liver, and some new remedies in their treatment. By John Gardner, M.D., F.C.S.

DOCUMENTS RELATING TO MEDICAL REFORM.

A Bill for the Incorporation of General Practitioners in Medicine, Surgery, and Midwifery. Correspondence between the Government and the Royal College of Surgeons. Committee of the National Association of General Practitioners in 1845. Extracts from the Transactions of the National Association of General Practitioners in Medicine, Surgery, and Midwifery. List of Names of General Practitioners of the National Association.

EDITORIAL ARTICLES.

The New Medical Bill and the Correspondence between the Government and the Royal College of Surgeons. The Coroner's Court, its Ancient Foundation, the Qualifications for Coroner. The Reciprocity Clause of the General Practitioners' Bill. Quackery, No. I. The College of Surgeons and the Government. The Profession and the Public. The Medical Profession and Insurance Offices. The Coroner's Court. The College of Surgeons and the Government. Bill for the Incorporation of the General Practitioners. Sale of Poisons. Sir George Grey and the College of Surgeons. Organization of General Practitioners. Quackery, No. II.—Mesmerism. The Sydenham Society. Quackery, No. III. The Coroner's Court. The Theory of Inflammation. Address of the Royal College of Physicians to Her Majesty, on the Papal Aggression. The National Association of General Practitioners. The Reciprocity Clause. Quacker, No. IV. Mesmerism. General Practitioners. Mesmerism. Epidemiological Society. Medical Reform. The Medical Protection Society. The Amended Medical Reform Bill, and the Members of the National Association.

REVIEWS.

Pharmacy and Materia Medica.—The New Dublin Pharmacopœia. The Philosophy of Spirits in Relation to Matter. By C. M. Burnett, M.D. The Surgeon's Vade Mecum. By Robert Druitt, F.R.S.C. On Excision of the Enlarged Tonsil. By W. Harvey, M.R.C.S., &c. Practical Observations on the Diet of Infancy and Childhood. By T. Herbert Barker, M.D. The Anatomical Remembrancer. Hand-book of Anatomy for Artists.

CORRESPONDENCE.

Circular Letter to the Council of the National Institution. Letter of Nathaniel Clifton, Esq. Letter of Richard Wallace, Esq. Letter of J. Bedingfield, Esq. Letter on Mr. Squibb's Case of an Acephalous Child. Correspondence between George Drummond, Esq., and the Secretary of the Promoter Life Assurance. Election of Fellows of the College of Surgeons. On the Pronunction of the word "Hyoid." The Duty of Local Societies. Case of an Acephalous Child. The Quackery of Patent Medicines. On an Extraordinary Fœtus. Shares in the Institute. New Remedy for Shortsightedness. Application of Nitrate of Silver in Affections of the Larynx, by J. Bedingfield, Esq. Poor-law Medical Relief, by Aristides the Younger. Mesmerism—Is it True or False? By Dr. D'Alquen. Foreign Substance in the Bronchial Tubes. Dr. Rademacher's Theory and Practice. A Case of Acephalous Fœtus. By F. J. Prior. The Census of 1851, in relation to Public Lunatic Asylums—Letter from Forbes Winslow, M.D., to the Registrar-General. The Registrar-General's reply. Case of Strangulated Hernia reduced by the Taxis under peculiar circumstances. Letter from Dr. Sutro in reference to Dr. Patrick Brown's communication on the English Spas. Secondary Hæmorrhage occurring 16 days after Delivery. By R. U. West, Esq. Hydatids in the Liver. By Francis Davis, Esq., Pershore,

MEDICAL INTELLIGENCE.

Opening of Queen's College, Birmingham. The British Medical Fund. Munificent Charity. Abolition of Intramural Interments. The Incorporation of the General Practitioners. Professor Sands Cox, F.R.S., Lectures at Queen's College. Report by the Committee of the South Eastern Branch of the Provincial Medical and Surgical Association. Registrar-General's Report on the Health of London during the past week. Degree of M.D. conferred at St. Andrew's, on the 18th of October. British Medical Fund. Professor Forbes's Introductory Lecture at King's College. University of St. Andrew's—Medical Examination Papers. Alleged Charge of procuring Abortion. Health of London during the Week The Health of London. Medical Degrees conferred chiefly upon English General Practitioners at the University of St. Andrew's. Professor Erichson's Introductory Lecture at University College. Health of London during the week. British Medical Fund. Death of M. Tanchou. Medical Society of London. Report of the Sydenham Society. Public Health. University of London—Second Examination for Bachelor of Medicine. Answers to Correspondents. Medical Society of London. London University Examination. The Public Health. Royal Medical and Chirurgical Society. London University Examination Papers. Health of London during the week. Commissioners of Lunacy. Apothecaries' Hall Pass List. Poor Law. Medical Society of London. Parotid Tumour. Subcutaneous Bursæ, their Anatomy, Pathology, and Treatment. The Artificial Oviduct. Epidemiological Society. Dr. Babington's Address. Infectious Nature of Cholera. Health of London during the Week. Report of

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the Meeting of the National Institute of Medicine and Surgery, on Wednesday, December 11th.—The Amended Medical Reform Bill. Medical Society of London.—Medical Inhalers. Case of Cauliflower Excrescence from the Os Uteri. Hypertrophy of the Heart. Impermeable Stricture of the Urethra. Crowing Inspiration in Infants. Royal Medical and Chirurgical Society.—A Case of Softening of the Spinal Marrow in a Boy affected with Chorea. Popular Prejudice against Vaccination—Pass List of the Royal College of Surgeons, Apothecaries' Hall and University of London—Botanical Society of London—Obituary—Longevity—Registration of Students—Epidemiological Society—Answers to Correspondents. Health of London during the Week. Obituary. Notices to Correspondents. Lunatic Asylums for England and Wales, being an Abstract of accounts of money paid and received during the year 1849, for the County and Borough Lunatic Asylums for England and Wales Harveian Society—Fatal Case of Carcinoma of the Ileum. Carcinoma of the Right Lung. Health of London during the Week. Obituary. Naval Appointments. List of Gentlemen who have received Certificates to Practise as Apothecaries. List of Fellows admitted by Examination at the College of Surgeons on the 3rd and 5th inst., and Successful Candidates for the Diploma on the 13th inst. Notices to Correspondents.

THE PHILOSOPHICAL GAZETTE.

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COMPENDIUM OF MEDICAL SCIENCE AND PRACTICE.

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II. The Practice of Excising Enlarged Tonsils.
III. Ovaritis, as a distinct disease productive of Sterility.
IV. Extraction of a Mulberry Calculus by the Lateral Operation.
V. Case of Perforation of the Skull and Brain with an Iron Rod an inch and a quarter in diameter, and three feet seven inches in length. Recovery. By Dr. Bezelow.
VI. On the Use of Depleting Remedies in the Treatment of the Insane.
VII. Fatal Congestion of the Brain while taking Cod Liver Oil.
VIII. On the Use of Walnut-tree Leaves in the Treatment of Scrofula.
IX. On the Prevention and Cure of Idiotcy.
X. Case of spontaneous Expulsion of the Fœtus.
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XVIII. Illustrations of the Use of the Microscope and Micro-Chemistry, in the practice of Medicine.
XIX. Paracentesis in Acute Pleurisy. Recovery.
XX. Tumour within the Larynx. Symptoms, and fatal result.
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XXX. The Sumbul. A new Asiatic Remedy of great power against Nervous Disorders, Spasms of the Stomach, Cramp, Hysterical Affections, Paralysis, and Epilepsy.
XXXI. The Treatment of Palsy.—Homœopathy, Hydropathy, and a mistaken Horror of Cupping, the cause of the increased frequency of sudden death among the better classes of Society.
XXXII. Comparative Value of Cochineal, Fumigations of Lauro-Cerasus, Vegetable Acids, &c., &c., in the Treatment of Hooping Cough.
XXXIII. On Section of the Tendo Achillis, in some Cases of Fracture of the Bones of the Leg.
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XXXVI. Case in which the Urachus remained open, and a ring-shaped Calculus was extracted through the Umbilicus.
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XLVIII. On Permanent Retention of the Placenta from Morbid Adhesions.
XLIX. Tubercles in the Brain and Cerebellum. Hydrocephalus.
L. Excision of the Horizontal Part of the Lower Jaw for Malignant Disease.
LI. Enchondroma of First Phalanx of Middle Finger.
LII. Erysipelas following Vaccination.
LIII. Power of Lupulin in Allaying Irritation of the Genital Organs.
LIV. Poisonous Effects from Zinc.
LV. Eruptions of the Skin in Cholera.
LVI. Inflammation in the Breast of the Adult Female.
LVII. On the Formation of Cysts in the Breast.
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